This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

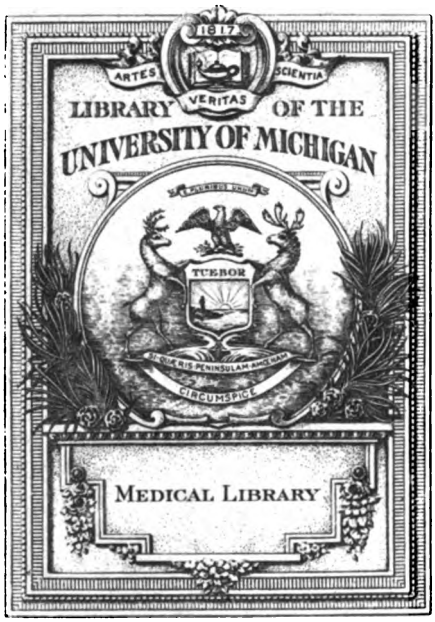
+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`



Digitized by Google

610.5
M5
W9

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.
These rates must be paid *invariably in advance.*

Notice is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

☞ Pay no money to agents for this journal unless publisher's receipt is given.

C. F. TAYLOR, M. D.,
W. F. WAUGH, A. M., M. D.,
LOUIS LEWIS, M. D., M. R. C. S., (Eng.) } EDITORS.

ADDRESS ALL COMMUNICATIONS TO
"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. V JANUARY, 1887. NO. 1.

Shall I Take a Student in My Office?

No doubt you are frequently solicited to receive a young man in your office, and give him his preliminary training in the study of medicine. We wish here to offer a few points for your consideration before you hastily consent to do so.

First, our general advice on the subject would be: "Don't." Certainly the profession is sufficiently well supplied already, and constantly, with doctors of fair to medium ability, who are glad to offer their services for very low fees.

The medical profession, society and these men themselves, would all be benefited if they were engaged in some occupation in which steady, energetic efforts will surely and gradually gain that competence for their declining years which they can never hope to gain by their practice, with so many better physicians around them.

But sometimes you will have an opportunity to start some really superior boy in a career of exalted professional success and honor. Note well the character of his mind. A good memory is a very useful thing, and will save its possessor much hard work; but no man ever rose to eminence as a physician, simply through the exercise of memory.

The qualities which will serve him here are close observation, acute perception, deep and accurate reasoning, industry, *honor*, and a deep sense of responsibility. To this must be added a ready mechanical skill, if he propose to become a surgeon.

Be very careful how you encourage any one to enter the profession whose chances for success will necessarily be limited. No difference if he be wealthy or have influential friends, or even be a relative or particular friend of your own, you only do him an injury. As to motive, there is much more promise in one who enters upon the study from an earnest admiration of the science, than in one who simply takes it up as a means of earning a living.

But suppose you have measured a dozen or more applicants by our rule, as laid down above, and have found one whom you *can't* reject. One who you think will do you honor as your student. You should require him first to acquire a thorough English and scientific education, including zoology, botany and chemistry. Then assure him that he cannot learn the whole science of medicine at once. His first year's work should be to lay a thorough foundation, consisting of anatomy, microscopical anatomy, physiology, medical chemistry, pharmacy and materia medica. As it is evident that those branches cannot be easily taught in a physician's office, you should advise him to take his first year's instructions in some institution where they are taught thoroughly, by professional teachers and with good facilities.

In his second year he may take up in addition pathology, therapeutics, surgery, obstetrics and the practice of medicine. This leaves him in fine condition to take in the third year a

Digitized by Google

short course in each of the specialties, gynæcology, diseases of the eye, ear, throat, nose, skin, etc., in addition to the advanced course in surgery, practice, therapeutics and obstetrics.

In this course he does not enter upon a study until he is prepared for it, when it will be comparatively easy and pleasant for him.

With a year of practice with his preceptor, or in a hospital, such a man is prepared to acquire rapidly a lucrative practice in almost any community. Anything less than this it is hardly worth while for one to undertake. As each generatiou of physicians should be more able than the preceding one, so you should refrain from accepting a student until you feel that you have found one who will be able, not only to take your place when the time comes when you must leave it, but to surpass you, and in after years reflect credit and honor on your training.

* * * * *

Now that you've all had your say about the post partum bandage, the editors beg to be received into the household, and to be allowed to give their opinions on the subject:

Dr. Taylor thinks that the bandage adds greatly to the woman's comfort, favors restoration of the abdominal walls to their original condition, and that it does no harm when applied just tight enough to give support to the flabby abdominal walls.

Dr. Lewis thinks that the post partum bandage, when sufficiently wide and reasonably tight, is a real comfort and support to the patient, and he thinks that the shape is certainly preserved in a great many instances by its use.

Dr. Waugh believes that as ordinarily put on, the bandage is simply a nuisance. He refers to the strip of muslin, six inches wide, which is put around the waist, and never stays there, but gets in the way until either nurse or patient quietly slips it off. But he sets great store on his own particular hobby in bandages. He uses a plain strip of muslin or flannel, wide enough to reach from the breast to the knees. This is pinned tightly, and cannot slip up or down, as the hips are wider than the waist above or the thighs below. Thus applied the bandage is highly appreciated by the lady, and renders her comfortable. It need not be worn for more than three days. He has yet to see a case which would willingly do without the bandage, and takes especial pride in the fact that many ladies call upon his services in their confinements, because "his patients always keep their shape."

* * * * *

YES, we thought our bright brothers of the quill would not be long in finding out what a mine of good things THE WORLD contains!

Scarcely an exchange we pick up but has its pages enlivened with cuttings from our columns.

One journal came to us recently with seven extracts credited to THE WORLD, another with eight, and a third with *eleven*.

We desire to thank our fellow scribes for the compliment they pay us, to congratulate them on their good judgment in coming to the right source for material, and finally to express our sense of the true courtesy with which they almost invariably give us the credit due.

But, for goodness sake let up on Wiggins and his Aids in Memorizing Doses! If any journal has not yet inserted that thrilling romance, let it do so at once, and then relegate it to the limbo now occupied by the girl who took a pill and passed an iceberg, *et id omne genus*.

If you'll take the trouble to look in our later issues, you will find plenty of other items just as good.

* * * * *

One thing which encourages us greatly is the number of physicians who ask advice of our fraternity in their own ailments.

It is always felt to be a compliment when one doctor requests another to prescribe for him; and such appeals should call forth our best efforts.

* * * * * * *

Another indication that we are on the right track is that the venerable fathers in medicine begin to favor us with the rich results of their experience.

We have the highest respect for the men who have spent half a century in the active practice

Digitized by Google

of their profession. We, as practical men, know how to value their communications.

In the "household," the best seat in the warmest corner by the fireside, is at their service.

* * * * *

Now come renewals from our old subscribers, and with them the most gratifying expressions of appreciation of THE WORLD. We will not venture to say how many acres these praises would cover if spread out. We wish that you could read them, but if we would undertake to publish them we would not have room for anything else.

* * * * *

The December number was delayed several days waiting for the yearly index, printed separately. If any subscribers of last year failed to receive the index, it will be sent upon request. On the first page of the index, near the bottom of the third column, notice that a few S's have been inserted among the D's. This was not noticed until the work was completed; so all we could do was to raise the "devil" and kill the printer. He promised to do better in the next WORLD.

* * * * *

How would you like to have THE WORLD get you up some decent letter-heads: good paper, with name, residence, and office hours neatly printed, and at a reasonable price?

Announcements.

We hoped to complete the "Manual of Treatment" by the middle of December, but we now see that it will be about the middle or last of January, instead. We wish to take every care to have it complete in every respect, and it would not be justice to you for us to make undue haste. The orders that are being received daily will be immediately filled when the book is completed. The number of orders already received shows that the book will be a popular one.

Dr. Lewis's Chart of Skin Diseases was promised by about the first of January, but the idea seems to have struck such a popular vein, and the orders for it are so many, that we feel almost able to have it mounted on cloth and rollers, to save you the expense of having it framed. We have about decided to do this, and this may make it necessary to increase the price to $1.50 on future orders; however, all orders at $1 will be honored until further notice. To those who have already ordered we will say please be patient, and you will get a much better chart than was at first promised.

INDEX OF DISEASES.

In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease are given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number, 1886.—L. L.]

Dysmenorrhœa.

℞ Tinct. actææ racemosæ.....℥ ss
Aq. camph.....℥ ij
M. S.—One teaspoonful three times a day.

℞ Liq. arsenicalis.....ʒ j
Aq. dest.....℥ ij
M. S.—One teaspoonful three times a day.

℞ Liq. ammon. acetatis.....ʒ jss
Tinct. hyoscyami.....ʒ jss
Aq. cinnamomi.....ad ℥ viij
M. S.—One sixth part three times a day.

Ol. cajuputi, ♏ v, on sugar every 4 hours.

℞ Croton-chloral-hydrat.....ʒ ss
Glycerini.....ʒ ij
Aq. chloroformi.....ad ℥ v
M. S.—Two tablespoonfuls three times a day.

℞ Tinct. gelsemii sempervirentis.....ʒ ij
Aq. dest.....℥ vj
M. S.—One tablespoonful every 4 hours.

Nitrite of amyl, by inhalation.

Perles of apiol.

℞ Sodæ biboratis.....ʒ jss
Glycerini.....ʒ ij
Aq. dest.....ad ℥ vj
M. S.—Two tablespoonfuls three times a day.

℞ Ext. belladonnæ.....gr. iij
Ext. nucis vomicæ.....gr. iij
Ext. lupuli..... gr. xxiv
M. S.—Divide into 12 pills. One thrice daily.

Cannabis Indicæ, half a grain to a grain three times a day.

℞ Magnes. carbonatis.....ʒ ij
Aq. menth. pip.....℥ vj
M. S.—Two tablespoonfuls every 4 hours.

Dyspepsia.

Sodæ bicarbonatis, about a scruple in water before meals, in atonic dyspepsia.

Liq. arsenicalis, ♏ j, in water before food, in irritative dyspepsia and dyspepsia of drunkards.

℞ Sodæ sulpho-carbolatis.....ʒ jss
Aq. dest.....℥ vj
M. S.—Two tablespoonfuls at meal times, in flatulent dyspepsia.

Acidi carbolici glyceriti, ♏ v, in water, in ditto.

℞ Acidi hydrochlorici dil.....ʒ jss
Aq. dest.....℥ vj
M. S.—Two tablespoonfuls after meals.

18731

Digitized by Google

℞ Liq. arsenicalis.....ʒ jss
Tinct. nucis vomicæ.....ʒ jss
Aq. cinnamomi.....ʒ ij
M. S.—One teaspoonful three times a day after food.

Hydrarg. cum cretâ, gr. j, thrice daily.

℞ Tinct. opii.....♏ xvj
Tinct. nucis vomicæ.....ʒ ss
Aq. dest.....ʒ ij
M. S.—One teaspoonful every 4 hours, in nervous dyspepsia.

Resinæ podophyllini.....gr. viij
Sp. rect.....ʒ j
M. S.—Ten to twenty drops on sugar, thrice daily.

℞ Sodæ bicarb.....ʒ ij
Tinct. hyoscyami.....ʒ jss
Inf. quassiæ.....ad ʒ vj
M. S.—Two tablespoonfuls three times a day, in dyspepsia with vertigo.

℞ Ammon. carbonatis.....ʒ ss
Potass. bicarb.....ʒ j
Inf. chiratæ.....ad ʒ vj
M. S.—Two tablespoonfuls three times a day, in flatulent dyspepsia with anorexia.

℞ Pulv. rhei.....ʒ j
Sodæ bicarb.....ʒ jss
Aq. menth. pip.....ʒ jv
M. S.—One tablespoonful before meals in dyspepsia with constipation.

Ext. aloes.....
Ext. gentian.....āā gr. ij
Ext. belladonnæ.....
Ext. nucis vom.....āā gr. ½
M.—Ft. pil. j. A digestive dinner pill.

℞ Quiniæ sulph.....
Pulv. ipecac.....āā gr. j
Ext. gentian.....gr. ij
M. S.—Ft. pil. j.

℞ Bismuthi subnit.....
Carbonis ligni.....āā gr. v
M. S.—In flatulent dyspepsia.

℞ Sodii sulphitis.....ʒ j
Tinct. nucis vom.....ʒ v
Aq. dest.....ʒ jv
M. S.—A teaspoonful, thrice daily, after meals.

℞ Bismuthi subnit.....ʒ ij
Acid. nit. mur. dil.....ʒ ij
Tinct. nucis vom.....ʒ ij
Red wine.....O j
M. S.—One tablespoonful in a wineglassful of water, before each meal.

℞ Ammoniæ carbonatis.....ʒ ss
Tinct. columbæ.....ʒ j
Sp. chloroformi.....ʒ jss
Aq. dest.....ad ʒ viij
S.

Acidi citrici.....ʒ jss
Aq. dest.....ad ʒ iij
M. S.—One tablespoonful in two tablespoonfuls of the above mixture three times a day.

℞ Tinct. card. co.....ʒ ss
Acid, hydrocyanici dil.....♏ xl
Sp. ammon. arom.....ʒ ij
Tinct. zingib.....ʒ iij
Sp. chloroformi.....ʒ ij
Aq. cinnamomi.....ad ʒ vj
M. S.—A tablespoonful twice daily, after food.

℞ Bismuthi subnit.....ʒ ss
Acid. nit. dil.....ʒ iij
Tinct. nucis vom.....ʒ jss
Aq. menth. pip.....ʒ jv
M. S.—A tablespoonful after meals.

℞ Pulv. capsici.....gr. iij
Pulv. rhei co.....gr. v
Pulv. ipecac. rad.....gr. ss
M. S.—Divide into two pills. Both to be taken before dinner.

Ol. caryophylli, ♏ v, on sugar.

℞ Argenti nitratis.....gr. ss
Ext. hyoscyami.....gr. jv
M. S.—Make one pill, to be taken at bedtime, in dyspepsia with hypochondriasis.

Pulv. kino. co., P. B. gr. x, three times a day in dyspepsia with pyrosis.

℞ Ext. cascaræ sagradæ.....ʒ j
Syr. simplicis.....ʒ iij
M. S.—A teaspoonful 4 times a day, in dyspepsia from constipation.

Pulv. ipecacuan. gr. j, in pill, before meals.

℞ Liq. potassæ.....ʒ ss
Inf. columbæ.....ʒ jv
M. S.—A tablespoonful three times a day before meals.

℞ Magnes. sulphat.....ʒ j
Sp. ammon. arom.....ʒ ij
Inf. quassiæ.....O jss
M. S.—A wineglassful every morning, in dyspepsia with costiveness.

Ol. ricini, a teaspoonful at bedtime, in inflammatory dyspepsia.

℞ Sodæ hypo-sulphitis.....ʒ jss
Inf. quassiæ.....ʒ vj
M. S.—Two tablespoonfuls after each meal.

Chlorate of Potash in Phthisis.

Phthisical patients, when troubled with enlargement of the tonsils and neighboring glands, an aphthous condition of the mouth, and diarrhœa,—common occurrences in this disease,—derive much benefit from the free internal administration of chlorate of potash; and, though there can be no real repair of lost or damaged lung-tissue, nevertheless they seem to improve in their respiratory powers; also, with regard to the worrying diarrhœa which sooner or later annoys the sufferer; and the aphthous mouth becomes healthy.

Digitized by Google

The Current Medical Thought.

Treatment of Hemorrhoids.

Whenever the piles are associated with a spasmodic state of the sphincter ani, the latter must be rendered incapable of doing harm, no matter what else may be done for the affection. The patient having been anesthetized (I prefer bromic ether), the operator introduces his thumbs into the anus and forcibly dilates the sphincter to the fullest extent. Every portion of the muscle must be thus dilated, the operator going around the circle until the sphincter is everywhere relaxed. Some soreness will remain after this procedure, and sometimes patients will have difficulty in retaining feces until the paralysis of the sphincter passes off, which will occupy several days.

In many cases nothing further is required; the piles disappearing, never to return. For internal piles, an easier method is that of injecting. Many formulæ have been proposed, but the best is simply pure carbolic acid, with just enough water to render it liquid. A hypodermic syringe is charged with the acid, the pile is seized with forceps or tenaculum, and a few drops of the acid injected into the tumor. The latter becomes white, swells or shrivels up, and in a few days sloughs off. But little inconvenience is experienced, and no anesthetic is required. This method is not suited for external piles.

Allingham objected to this procedure, from the danger of the fluid escaping into the general circulation and causing thrombosis. But if the pure acid be used, coagulation occurs at once, and the danger is not real.

Where hemorrhoids exist with total relaxation of the sphincter ani, the best remedy is the application of the cautery in such a manner as to produce linear eschars; the contraction of the resulting cicatrices closing the gaping orifice, and relieving the protrusions. W. F. W.

Strychnia in Alcoholism.

Excellent results have been obtained in Russia by the administration of strychnine to dypsomaniacs and sufferers from chronic alcoholism. In a few days the craving for drink, irritability, enimosis, etc., are lessened, and soon the strength returns, the sight improves, and the individual once again seeks society and occupation. The thirtieth part of a grain is first given, twice daily, for two weeks, then the sixtieth part for two or three weeks longer, in pills. The nitrate of strychnine is the salt usually employed in Russia.

Scarlet Fever.

Scarlet fever is essentially an infectious disease, and breaks out from time to time, either sporadically or epidemically, in nearly all latitudes (except perhaps some semi-tropical regions). It is an imported disease in this country, having been first introduced from Europe into North America in or about the year 1737, and into South America about 1829. Recently it has established itself in India. Its propagation by means of infection is practically verified by the fact that it becomes speedily diffused among the predisposed when *no* preventive measures are adopted, and is rapidly stamped out when these have been *vigorously* enforced.

Air tainted with the poison is the usual medium of transmission, and may be carried by clothing, letters, bedding, toys, animals, etc. It may be communicated directly from the cow, or through her milk; from polluted water; and by healthy individuals who have recently been in contact with scarlet fever patients. The contagion may be carried by the breath, as long as sore-throat remains; by the perspiration, so long as desquamation continues; and by the digestion, as long as the alimentary mucous lining continues congested. Probably it is actively infectious for six or seven weeks from the third or fourth day of its inception. In England scarlet fever is responsible for about twenty-two thousand deaths annually among the young. Second and even third attacks sometimes occur, but these are always without danger. L. L.

Treatment of Grief.

To women grieving for the death of a friend or relative, valerian is often of inestimable value. We have many times been assured of the comfort experienced by taking drachm doses of the tincture. For the melancholy which sometimes occurs after child-birth, cimicifuga is a specific. In both cases, the remedies mentioned seem to have the power of bringing the patient back to earth again, or of restoring her self-possession.

Disinfecting Sick-Rooms.

Professor Gurgens (Paris), urges the propriety of removing patients suffering from infectious diseases of the respiratory organs from the chamber to allow of its complete disinfection, at least once in every twenty-four hours, in diphtheria, and every few days in other similar diseases. He states that this change is positively necessary where the contagion is propagated through the medium of the respiratory organs; and that all our knowledge of the subjuct is in flagrant contradiction to the habit of leaving the patient in the one atmosphere throughout the course of the disease.

Digitized by Google

Therapeutic Alphabet.

A stands for Arsenic, an aid to nutrition,
Improving the skin and the general condition.
B stands for Bismuth, and Benzoin-Storax,
As good for cutaneous diseases as Borax.
C stands for Chloroform, grand anesthetic;
D for Digitalis, a sure diuretic;
E stands for Ergot, arrester of bleeding,
Especially useful for women when breeding;
F stands for Ferrum, much used in Chlorosis;
G stands for Glycerine, good for Pyrosis;
H stands for Henbane, a fine Soporific;
I stands for Iodoform, with odour terrific;
J stands for Juniper, Jalap, Jaborandi,
In cases of dropsy, you'll find them all handy;
K stands for Kalium, a metal potassic,
Whose alkaline action has long become classic;
L stands for Lead, with which we can't frolic,
For inordinate doses are apt to cause colic;
A useful astringent, as medicine or plaster,
A capital servant, but very bad master;
M stands for Mercury, good for the liver,
And special diseases that make a man shiver;
N stands for Nitre, best known as saltpeter,
Which reduces the fire in the animal heater;
O stands for Oxygen, no life without it,
Though as to its action, we know naught about it;
P stands for Phosphorus, nature's restorer,
Which loosens the lid of the Box of Pandora;
Q stands for Quinine, which is near a specific,
And famed from Atlantic across to Pacific;
The brave little "Jack" of our armamentaria
Who manfully fights with the giant, malaria;
R stands for Rhubarb, digestive and tonic;
S stands for Strychnine, which, in language laconic,
Will strengthen or poison, according to doses,
And is frequently useful in spinal sclerosis;
T stands for Terebene, employed for inhaling;
U stands for Uva Ursi, for the bladder, when ailing;
V stands for Valerian, which ranks fairly high
In numerous diseases; and W, X, Y,
Are useless for rhyme in these verses, I think; but
Z means the good old Astringent called Zinc.

L. Lewis.

Diagnosis of Early Pregnancy.

An interesting discussion took place at a recent meeting of the St. Louis Medical Society, on the above subject.

Dr. Atwood related a case in which a diagnosis could not be made out with certainty, although a few days later the lady was delivered of a child weighing 2 lbs., 13 oz., and seemingly in the eighth month. Dr. Hulbert gave an instance where a woman had the sound introduced into the uterus, an operation for bilateral laceration of the cervix performed, ten sutures being introduced, and in eighteen days after the operation the lady aborted with a three months' fœtus.—*St. Louis Courier of Medicine.*

[What physician in active practice has not been puzzled by such cases! I wish to call attention to an error in the text books, in the statement that the inner os is closed invariably during pregnancy. In one case I was called upon for a diagnosis. None of the ordinary signs indicated pregnancy; the woman, who had borne children, assured me she was not pregnant. Still, I felt suspicious, and instead of using an ordinary sound, I took a No. 22 metallic bougie and with the utmost delicacy passed it up to the fundus. The cavity of the uterus was deeper than usual, and so roomy that I turned the probe partly around. And yet that woman was three months pregnant! In another case I passed the same bougie in, without the slightest obstruction being manifest. But when I saw that the bougie showed an unusual depth of the uterine cavity, I withdrew the instrument with fear and trembling, and fortunately escaped for the second time the danger of causing an abortion.—Ed.]

Conditions Resembling Alcoholism.

The stage of "excitement" from drink is not infrequently simulated by cerebral lesions, caused by grave injuries to the head, and after meningeal hemorrhage. The patient may be uproarious instead of comatose, and may struggle and blaspheme like a man who is uproariously drunk, though he may not have taken too much liquor. The mere "smell of drink"—the policeman's test—and the fact that he can be partly aroused from insensibility, are insufficient and unreliable evidences of deep intoxication; nor need a local cerebral lesion necessarily be accompanied by a local paralysis, for hemorrhage in the pons varolii, or even large hemorrhages into one side of the brain do not usually cause paralytic manifestations. Apoplexy due to fatal cerebral injury is not so easily distinguished from apoplexy due to drink.

Digitized by Google

Purpura Hemorrhagica.

Prof. Woodbury, in the *Phila. Med. Times*, relates two cases of this disease. In both, the eruption first appeared while the patient was taking quinine; which was also the case in a patient of my own, mentioned by Dr. Woodbury.

He found ergot and iron useless. Locally, a four per cent. solution of cocaine, first used by me, proved effectual; reducing the flow of blood materially.

Besides a diet of milk, given very frequently, he found great benefit resulted from giving the fluid extract of hamamelis internally, in doses of half to one drachm. He gives the following account of an interesting experiment by Munk: When he allowed a current of electricity, produced by ten of Grove's cells, to pass through a part of the body after the electrodes had been moistened with a solution of quinine, the skin acted upon became anemic, dried, and depressed immediately after the interruption of the current. In the next hour the same parts became swollen so that they projected above the surrounding skin, without any change in color. The swelling in a few hours gave place to hyperæmia, in which appeared many extravasations of blood no larger than a pin's head.

Quinine could still be found in the urine twelve hours afterwards.

"Medical" Nerve Stretching.

A Scotch surgeon describes marvellous success in the treatment of sciatica, by forcibly flexing the afflicted limb upon the abdomen, and retaining it there for a moment or so. This, of course, is a very indifferent adaptation of the "surgical" procedure, nerve-stretching proper; but if it prove of any value in such an intractable disorder as sciatica, it will doubtless soon find many supporters, being easy of application and not antagonistic to other simultaneous treatment.

Simple Expedient in Strangulated Hernia.

This consists in dilatation of the constriction at the ring by passing the finger along the inguinal canal, until the constricting ring is felt. The finger is then gently insinuated into the opening, and if the opposing fibres do not yield readily, gentle pressure is made against the upper border of the ring until it gives way, when taxis will usually be successful.—*Med. Record.*

Whenever a solution of permanganate of potash is brought into contact with decomposed animal or vegetable matters, it oxidizes their nitrogen and hydrogen, resolving them into nitric acid and water.

Action of Alcohol.

The continual use, or abuse, of alcohol, tends undoubtedly to check growth; but it also tends by the same action to cause consolidation of structure. When dog-fanciers wish to produce a very small pet dog, a certain amount of gin is given daily to the animal from its birth; and this is effectual in evolving a dog much smaller than its parents, and also smaller than the rest of the litter who have not been so treated. Human beings have also been dwarfed in the same way, by similar treatment when young; but the offspring of *tubercular* parents often appear to be much benefited by this means, their powers of growth being active while the structure is deficient. These children grow too quickly for their strength; and when the excessive growth of protoplasm is checked by alcohol, further breaking down of structure is partially prevented. This would seem to explain the effects of alcoholic abuse; the diseases thereby induced are premature decay of the vital powers, fatty degeneration and calcification of the arteries; and all of these conditions represent excessive consolidation of structure, combined with deficient powers of regeneration.

Two persons who have chosen each other out of all the species, with design to be each other's mutual comfort and entertainment, have in that action bound themselves to be good-humored, affable, discreet, forgiving, patient and joyful with respect to each other's frailties and imperfections to the end of their lives.—*Exch.*

Ptosis.

Ptosis, or drooping of the upper eyelid, is due to paralysis of the levator palpebrarum muscle (through the third nerve), and may follow an injury, or may be a premonitory symptom of an impending apoplectic seizure. It is also a frequent sign of syphilis of the brain, in which disease it is often associated with paralysis of the superior and inferior rectus muscles of the orbit. Ptosis may likewise be a congenital affection.

Pilocarpine in Drunkenness.

It is recommended to give one-third of a grain hypodermically. The patient goes to sleep and wakes up sober.—*Weekly Med. Review.*

[Whether the next-morning-headache or my-kingdom-for-a cocktail is present on the patient's awaking is not stated. If not, the remedy is worthy of some attention; if so, it is not a remedy at all, as drunken men nearly always awake sober. A Turkish bath dissipates drunkenness quickly.—Ed,]

Digitized by Google

Anecdote for the Theorists on Sex.

My father, when a boy, was driving along a country road with his elder brother. To while away the time, the journey being a little tedious, he amused himself counting the flocks of geese which were in sight. The first flock contained seventeen geese, the next one nine, the third thirteen. This struck the counter as singular, and he counted the next with awakened interest. It contained twenty-three. With difficulty he restrained his impatience until the next flock proved to consist of fifteen geese; and then he burst forth at once with his new discovery:

"John!"

"Well!"

"Do you know that every flock of geese contains an *odd* number?"

No, John, didn't know it.

"But it's true. You never in all your life saw a flock which had an even number of geese in it!"

Well, John had never noted this curious circumstance, but was quite willing to learn, and would count the next flock. So the next aggregation of the birds which saved Rome was carefully numbered, and the flock consisted of just *twenty* birds!

Respectfully submitted to the bald-headed and scientific editors in New York.

Caffeine in Heart Disease.

Dr. Otto Seifert (Wurzburg) undertook, in the course of last year, a series of researches on citrate of caffeine. All the patients to whom he administered it were suffering from organic affections of the heart with imperfect compensation. In one case there was chronic nephritis, with generalized œdema. The caffeine was given in seven cases, sometimes in repeated doses, at others all in one dose. According to Lepine, the daily quantity should be from one to two grammes. The principal advantage which has been claimed for it is that it quickly improves the action of the heart and regulates the cardiac beats. It is also a diuretic, and has no cumulative action. One to two grammes of caffeine should be given in twenty-four hours. Opinions as to the value of the drug are conflicting; the principal drawback to its use seems to be that, owing to its speedy elimination, its action only lasts for a short time. In those cases where compensation has been re-established, the action of caffeine may be as prolonged as that of digitalis. The general condition is influenced in a striking manner; the palpitations, the dyspnea, and, as a rule, the insomnia also rapidly disappear.—*Brit. Med. Jour.*

Analysis of Opium Cures.

Nostrums marketed under the following names were examined by Dr. B. F. Davenport, State Analyst, Mass. Board: S. B. Collins, La Porte, Ind.; Mrs. J. A. Dollinger, La Porte, Ind.; W. B. Squire, Worthington, Ind.; P. B. Bowser, Logansport, Ind.; J. C. Beck, Cincinnati, O.; J. L. Stephens, Lebanon, O.; H. L. Baker, Toledo, O.; J. S. Carleton, Chicago, Ill.; L. Meeker, Chicago, Ill.; Wm. F. Phelon, Chicago, Ill.; L. E. Keeley, Dwight, Ill.; H. H. Kans, New York; Chas. C. Beers, New York; Salvo-Remedy Co., New York; F. E. Marsh, Quincy, Mich.; B. S. Dispensary, Berrien Springs, Mich.; B. M. Woolley, Atlanta, Ga.; Geo. A. Bradford, Columbus, Ga.; J. C. Hoffman, Jefferson, Wis.; Jas. A. Dunn, Elizabeth, N. J.

All consisted of *opium*, variously disguised, except one. This was called "double chloride of gold," but contained no trace of that metal.

The method of "cure," was therefore that of gradual reduction.—*Jour. Amer. Med. Asso.*

Choking.

When a patient is choked, break an egg quickly and give the white to the strangling person, and it will almost certainly dislodge the obstruction, unless in the trachea.—*Health Journal.*

[How can you induce a choking person to stop his occupation and swallow the white of an egg?

We prefer to insert our finger into the pharynx (where the obstructing bolus will be found), and extract the substance which causes the trouble. And as this can be done with the greatest ease, in less time than it would take to hunt up an egg, we think it the best plan of the two.—ED.]

A "BLACK EYE" means an effusion of blood beneath the *palpebral* conjunctivæ, and is generally occasioned "in the usual way;" but an effusion beneath the *ocular* conjunctivæ is of more moment; it may be simply produced by violent exertion, as in the straining of whooping-cough; but it may also indicate fracture of the anterior part of the base of the skull, and escape of blood through the orbit.

Carbuncle Treated by Pictet Liquid.

Dr. Wyman reports five cases of carbuncle in which the vapor of the Pictet liquid was applied as a local anesthetic before making the cruciform incision. The same agent was also applied in spray to the surface subsequently as an antiseptic. The patient recovered in the remarkably short time of two weeks.—*Amer. Lancet.*

Digitized by Google

The Early Diagnosis of Vertebral Caries.

Inquire concerning tubercular inheritance, convalescence from infantile diseases, or spinal injury; as these enter into the question of causation. Next ask if the patient be troubled with restless nights, moaning, disturbed sleep, indisposition to play, desire for support, or epigastric pain. If it falls, it is apt to scream with pain, generally epigastric. The child walks carefully, or if very young it does not walk at all.

The back is held rigidly, the shoulders thrown back, or one higher than the other. The child does not stoop, or if it does, great care is taken. Sometimes only a pain in the back is felt, especially when a jar is sustained.

The gait is almost pathognomonic. The carefulness, and rigid carriage are never found except in disease of or about the spine. The expression is often pinched and anxious. In stooping to pick up anything, it lowers the body with the spine held rigidly; or, the pain coming on, the attempt is given up.

Pressure to develope spinal tenderness is valueless.

The examination as to mobility may be made by having the child lie on its face, and grasping the heels, slowly extending the limbs with the opposite hand to the diseased side. This will show if the spinal column is rigid or not. Spinal rigidity makes the diagnosis certain.

In the cervical region, the symptoms are, torticollis, occipital neuralgia, or hyperaesthesia. Brushing the hair causes pain; motion is interfered with, but the deformity is slight.

A thorough physical examination should be made, the child being entirely naked.—*Amer. Pract. and News.*

[This is a valuable article; and may well be preserved for future reference. But do not put much faith in occipital neuralgia as a sign of cervical caries, unless accompanied by other signs; such as prolonged torticollis, dysphagia and other symptoms of retropharyngeal abscess, &c.—ED.]

Lubricant for Bougies.

Dr. F. N. Otis suggests a four per cent. solution of hydrochlorate of cocaine in almond oil as a lubricant for bougies and catheters. Pain and spasm are relieved, and easier passage is secured.

As a general rule, no form of Bright's disease is unassociated with albuminuria. But there is a marked exception to this rule. In cases of "small red granular kidney," the urine is frequently free from albumin in all stages—even the most advanced—of the disease, including atrophy and contraction.

Inhaler for Ether.

The less ether inhaled to produce unconsciousness, the less disagreeable will be the after effects; and the less air inhaled, the easier and shorter will be the process of etherization. A good inhaler must be of a convenient size and shape; economise ether and exclude air; be simple in construction, so that it may readily be cleansed; and cheap in price. A sponge will neither exclude air nor economise ether. Many inhalers have excellent points, but are expensive. After many experiments I thought of the following device, and can recommend it as the best and most economical inhaler. Buy the dentist's plaster-bowl, made of soft, vulcanized rubber, four inches in diameter and three in depth. It is so soft that it will fit close to the face, exclude air, and prevent evaporation of ether. Within this bowl place any cheap sponge of suitable size, and the inhaler is complete.—*Techn cs.*

Soft, White Hands.

Said a lady to me once, "Doctor, please never bring that man to see me again! His hands are like nutmeg graters." The lady was right. No doctor has any business to have rough, horny or grimy hands; especially when he makes a vaginal examination.

While a student at old Jefferson I learned to use a lotion which has the curious property of preserving the skin from the effects of cold, preventing chaps, and rendering the hands soft, white and smooth. One need not wear gloves in winter, if this be used constantly.

℞ Ol. rosæ.....gtt. xv
Glycerinæ.....ʒ j
Sp. myrciæ.....f.ʒ iij
Ol. cajuputi.....gtt. xx

M. S.—To be used on the hands every night before going to bed; and in cold weather to be applied before going out into the open air; the hands being first washed and dried.

For Diabetes.

Dr. Lewis has given three minims of Clement's solution of bromide of arsenic, three times daily, gradually increased to six minims, and continued four months without any symptoms of arsenical poisoning. The patient was cured. No other drugs were employed.

The office boy has been rather subdued lately, since his poetical effusions were consigned to the waste-paper basket. When the office was being polled on the post-partum bandage question he aroused himself sufficiently to growl out that he 's'posed marrid weemin wuz like other gurls, they allers 'peard to need a little squeezin' to hold 'um together.'

Digitized by Google

New Method of Treating Abortion.

In a late number of *Le Courier Medical* we noticed the description of an apparatus for the treatment of abortions, which appeared to us so ingenious that we reproduce it for our readers.

The inventor is Hamon de Fresnay. His apparatus consists of a soft rubber flask, or balloon, very thin and exceedingly flexible; a piece of gum tubing, and a bit of glass or wood pipe. The latter is introduced into the mouth of the flask, and the rubber tube is attached; the connections being made secure by tying with stout thread. The bag is then well oiled and introduced into the vagina, and filled with cold water, (by means of any ordinary syringe), until a sense of distension is felt. The liquid may be retained by tying the end of the gum tube, or by a little spring clip, such as is used with a fountain syringe.

The advantages of this apparatus are:

1. It arrests hemorrhage, by compression, aided by the cold.

2. It promotes dilation of the os, by its mechanical action, and by putting in play the uterine reflexes, inducing contractions.

3. Whenever it is thought desirable to make an examination the water may be discharged and the bag removed; and if necessary, replaced; these operations being so easy and painless that one need not hesitate to repeat them as often as may be thought advisable.

Comparing this method with the classical tamponade, composed of pledgets of lint (charpie and cerate, a pound each—a hat full), the latter is vastly more tedious, troublesome, painful to the patient, requiring the use of a speculum, and inefficient unless thoroughly done. Besides these disadvantages, it offers a serious impediment to the passage of the urine, feces, and intestinal gas. Moreover, the discharges from the womb and vagina soon become decomposed, and the fetid odor of a tampon, which has been inserted for but a short time, gives evidence of the danger of septic infection.

Finally, the cost of the apparatus is extremely moderate, a boy's toy whistle with gum bag attached, and a foot of quarter-inch gum tubing, costing all told the large sum of about five cents.

These reasons incline us to agree with the author, in characterizing the ordinary tamponade a pitiless and superannuated procedure.

W. F. W.

Resorcin has been found useful in diphtheria in doses of about ten grains, well diluted, at the same time applying a solution of it locally.

Death from Inversion of Uterus.

"I had no sooner detached the child than I gave the usual drachm of ergot. In fifteen minutes the woman threw up her hands, and I saw she was pale. I put my hand under her husband's, and felt the edge of the uterus like that of a saucer. I could define the margin, and my finger in the vagina met the globe inverted. *Fifteen minutes had not elapsed before that uterus was so firmly ergotized that it could not be replaced.*

The woman died from shock and hemorrhage, with the womb unreduced.—Dr. Sawyer in *Chic. Med. Jour. and Exam.*

[Count one more against the routine use of ergot.—Ed.]

Malaria Causes Impotence.

Dr. Cutchcliffe, of the Bengal army, noticed that in some very malarious districts in Bengal, large numbers of males were impotent, the women proving fruitful with males from non-malarious districts.

Pressure on the Brain at Birth.

In delivering an infant through a distorted pelvis by means of the long forceps, pressure is first made upon the superior parts of the cerebral hemispheres, which must obviously force the brain towards the base of the skull. When delivery is effected by drawing the infant through the pelvis after turning, the brain is forced upwards from the base towards the vaulted portion of the cranium. Thus there would appear to be a greater chance of organic injury being produced by turning than by the use of the long forceps, as in the former case the pressure is first made just above the base of the skull, where the most important parts of the brain and nerves are likely to be forcibly raised from this portion of the cranium.

Inoculation of a Wound with Tubercle.

A boy who had had his arm amputated on account of an injury, was attended by a girl who had lupus of the nose. No hereditary or other source of infection was apparent. The granulating spot on the stump began to degenerate fungously. The axillary glands became infiltrated, and his general health much worse. The glands were extirpated, and showed macroscopically and microscopically exquisite tuberculosis. The boy recovered.—*Annals of Surgery.*

However healthy the mouth, tie a string around a tooth, and tartar will form.—*Items of Interest.*

Digitized by Google

Local Anesthesia by Corning's Method.

He first applies an Esmarch bandage to the part, and a tourniquet to prevent the return of blood when the rubber bandage is removed. He then applies an instrument like that of Baumscheidt, by which the skin is perforated by 150 needles. This is painless.

A sponge electrode saturated with a two-and-a-half per cent. solution of cocaine is now fastened to the part, and connected with the positive pole of a galvanic battery, while the cathode is applied anywhere else. The current is then increased until there is a sensation of warmth. In four minutes the anesthesia allows needles to be thrust deeply into the tissues without causing pain. Then the deeper structures may be anesthetized by the hypodermic use of cocaine.

Dr. Corning employed this method to allay hyperesthesia in spinal irritation. He suggests that it might be of use in tic douloureux.—*N. Y. Med. Jour.*

[As anesthesia sufficient for all practical purposes may be produced by the hypodermic use of cocaine, it will be seen that the net result of Dr. Corning's curious experiments is the prevention of the pain produced by the puncture of the needle. Whether this be of sufficient moment to justify the troublesome manipulations, must be decided by each to suit himself.—Ed.]

An East Indian liniment, having a great reputation in rheumatism and neuralgia, is made by adding a little alcohol to ten ounces of powdered aconite root and allowing it to stand for three days. Then enough alcohol is added to make the mixture half a pint, and to this one half ounce of gum camphor is added.—*Albany Sunday Press.*

To Detect a Morphine-user

There are two sure signs which will betray a patient addicted to morphia injections. One is the presence of the little tell-tale dark indurations indicating the passage of the needle; but these when artfully inserted on the inner aspect of the thing, frequently escape detection, especially in females. The other is the production of a blue tinge in the morphia-impregnated urine, by the addition of a few minims of tincture of perchloride of iron.

A German physician in Japan says that the Japanese women do not have as pendulous abdomens after confinement as the foreign women there. The reason is that at quickening the Jap. is girt with a supple, compact bandage which fits snugly, and can be loosened as pregnancy advances.—*St. Louis Med. & Surg. Jour.*

Luna-cy and Moonshine.

Some years ago a homœopathist of Philadelphia undertook to utilize the suppositious powers of moonshine. Accordingly he exposed sugar of milk to the rays of the moon, until he judged that sufficient absorption of the force therein contained had taken place.

The product was then "potentized," by the usual method, and the resulting triturations and dilutions administered as remedial agents. The gentleman published in a homœopathic journal, a report of a number of cures due to the "Luna," as he termed the alleged drug.

The French "Eau de Rabel" is an excellent solvent of quinine, and renders it more tolerable to the stomach than sulphuric acid. Given in this way, quinine loses none of its effects; indeed, its power seems enhanced. Eau de Rabel consists of one part of sulphuric acid combined with three parts of alcohol, at a temperature of 90 degrees, and colored red with cochineal, to avoid mistakes. Sulphovinic acid is evolved in this process, giving the solution an ethereal odor, and increasing its solvent action on quinine.

To Cure Ringworm.

All cases of "ringworm," of vegetable parasitic origin, may be cured by the local application of a solution of three grains of corrosive sublimate to an ounce of spirits of nitrous ether. One grain to an ounce of spirits will destroy pechiute, and one grain to eight ounces of water is usually useful in gleet.

For Dysmenorrhœa.

Apiol, a greenish oily liquid obtained from the fruit of the common parsley (apium petroselinum) removes or relieves the agonies of painful dysmenorrhœa. It is prescribed by the French in 3 minim doses enclosed in "perles" or capsules. It is commonly employed for illegitimate purposes, but with questionable success.

Hemorrhage from Scalp Wounds.

The hemorrhage that attends severe scalp wounds is usually arterially, although it seldom escapes in jets. It is easily recognized by its color. When the bleeding is venous and profuse, it indicates damage to the sinuses of the brain.

Goods dyed with aniline colors which are faded from exposure to light, will look as bright as ever if sponged with chloroform.—*Scientific American.*

Ichthyol probably owes much of its success in chronic skin diseases to sulphur, of which it contains at least 10 per cent.

Digitized by Google

CLASS-ROOM NOTES.

[From the *College and Clinical Record* and other sources.]

—A case of *melanæmia* was treated thus: Saturate patient with iron, using the tartrate of iron and potassium, commencing with gr. v and increase to gr. xx ter die. (Prof. Da Costa.)

—For *gastralgia* Prof. Da Costa advised an exclusive milk diet and the following:—

℞ Ext. cannabis Indicæ.....gr. ½
Sodii arseniatis,.....gr. 1-40
Ft. pil.
SIG.—Ter die.

—Prof. Da Costa treated *tinea tonsurans* with the following:—

℞ Hydrarg. chlorid. corros., ...gr. iv
Glycerini,.....f℥ ij
Aquæ, ...f℥ vj M.
SIG.—Wash parts three or four times daily.

—After about three weeks' treatment with ℥ss. of ext. ergot. fl., afterward increased to a drachm ter die, a *fibroid of the uterus* was found to have been reduced in size one-half inch, umbilical measurement. The case was shown by Prof. Parvin.

—To promote *diuresis* the following will prove effectual:—

℞ Potassii acetat.,.....gr. xx
Tinct. zingiberis,.....gtt. x
Elix. simplicis,.....f℥ j
Aquæ, q. s.,.....f℥ ij M.
SIG.—Every three hours.—(Da Costa.)

—In a recent clinic Prof. Da Costa presented to the class one of those rare cases known as Raymond's disease or vaso-motor spasm. The man had swollen fingers, blue and painful, the same thing existing in the toes. When parts are moved the pain lessens. Blood had oozed from under the nails—the heart was irregular in rhythm, and also there was found a slight amount of albumen in the urine. Being a disease of the nervous system, the following plan of treatment was advised:—

℞ Tinct. digitalis,.....gtt. x
SIG.—Ter die. Increase to....gtt. xv

Also—

℞ Pil. phosphori ää.....gr. 1-100
SIG.—Ter die.

If this is not borne well, give the dilute phosphoric acid.

—To prepare *koumiss*. Take one gallon milk and add one pint buttermilk; then stir for fifteen minutes. Let it stand twelve hours and stir again, repeating the process at the end of another twelve hours. Then bottle, cork tightly, and put in a cool place. It will be ready for use in about three days and should then be used, for if kept it will spoil.

Or—

Grape sugar,.....℥ iv
Water,.....f℥ iv
Dissolve and add,
Fleishman's yeast,.....gr. xx
Milk,.....f℥ ij

Add this to one quart of milk, bottle, and expose to a temperature of 50 degrees; it should be agitated three times a day. In three or four days it will be ready for use. (Prof. Gross.)

—In *cerebral anæmia*, caused by disordered digestion, following a fever, Prof. Da Costa directed the following:—

℞ Acid. phosphoric. dil.,.....gtt. xx
Aquæ,.....
Syrup., ää, q. s., ad.....f℥ j M.
SIG.—Ter die.

Also—

℞ Strychninæ sulph.,.....gr. 1-60
SIG.—Ter die.

—The following course of treatment was laid down by Prof. Da Costa in a case of peri-cardial adhesions, *mitral stenosis*, with an accompanying passive congestion of the abdominal viscera:—

℞ Tinct. digitalis,.....gtt. x
Tinct. cannabis Indicæ,.....gtt. iij
Tinct. cinchonæ comp.,.....℥ j M.
SIG.—Ter die.

A drachm of Rochelle salts to be taken occasionally; if ineffectual, resort to massa hydrarg.

—In a case of hereditary *spasmodic asthma*, Prof. Waugh prescribed equal parts of the fluid extracts of grindelia robusta, euphorbia pilulifera and piscidia erythrina; a teaspoonful of the mixture to be taken in a wine-glass of hot water, every four hours.

When the paroxysms occurred, the patient was directed to smoke a cigarette, upon which five drops of fluid extract of hyoscyamus had been dropped. Two weeks later, the patient reported that the paroxysms had not recurred for a week.

—In a case of *aortic stenosis*, with bronchiectasis and bronchial catarrh, Prof. Waugh ordered cod-liver oil with lactophosphate of lime; and as a cough mixture, equal parts of fluid extract of grindelia robusta, and piscidia erythrina.

When the bronchial affection subsided, the patient was at once put upon the use of arsenic, in full doses.

—For neurotic symptoms attending the menopause, a favorite prescription of Prof. Goodell is:—

℞ Ammon. chlorid.....℥ ij
Ammon. bromid.....℥ iv
Tinct. gent. comp.....
Aquæ.....ää..f℥ iij
M. S.—f℥ ss in water before each meal.

Digitized by Google

—Another formula frequently employed in the same cases by the same teacher is:—

℞ Acid. arsenios.....gr. $\frac{1}{40}$
Ferri sulph. exsic.....
Ext. sumbul.....āā..gr.
Asafœtidæ.....
M. Ft. pil. no. j.
S.—One after each meal. To be increased if the desired effect is not obtained.

—For *chronic ivy poisoning* Prof. Shoemaker prescribed—

℞ Tinct. ferri chlor.....
Glycerini.....āā..... ...ʒ jss
M. S.—fʒ j thrice daily.

—For *chronic tinea circinata* he ordered:

℞ Chloroformi..... .....ʒ j
Chrysarobin.....ʒ ss
M. S.—For local use.

In both the above cases an infusion of jequirity bean was used to excite the growth of healthy granulations.

—A sedative in phthisis:

Sedii bromid..... gr. xx
Morphiæ sulph..... $\frac{1}{12}$
Tinct. valerianæ ammon.....f ʒ j
M. S.—At one dose. GOODMAN.

—For gonorrhœa or gleet Prof. Garretson prescribes:—

℞ Chloral hydrat.....
Zinci sulphat.....āā.....gr. j
Aquæ.....fʒ j
M. S.—Use as an injection.

"Only fifty years ago the average duration of human life in Great Britain was thirty years; to-day, according to statistics, it is forty-nine years. In this fifty years, the population has increased by eight millions. At least two out of these eight millions of increase may be put down as the fruit of improved sanitary and medical work, and of victory over preventable sickness."—*Sir Spencer Wells.*

A new antiseptic has recently been introducced, its chemical name being orthoxy-phenysulphurous acid. The microbes burst themselves trying to pronounce the name.—*Exchange.*

Asthma may be relieved by putting a mustard paste on both sides of the neck just by the angle of the lower jaw.

When convenient, please show "THE WORLD" to your medical friends and tell them what you think of it. When writing to advertisers, *always* express your opinion of "THE MEDICAL WORLD." They will thank you for it.

THE MEDICAL WORLD is the most useful and practical journal published, and I do not like to miss a number. DR. JAMES O. HUGHES.
Hagensville, Mich.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Removal of Foreign Bodies From the Nose.

Editor MEDICAL WORLD:

While reading the November number of your most excellent journal, which I read with pleasure as well as profit to myself, I saw an article from W. L. W., Brainsville, Arkansas, on the removal of foreign bodies from the nose.

It called to my mind a case of the same kind some twelve years ago. At that time I had not heard of the procedure in such cases, although it may have been practiced by others. So I don't know whether it is new to the profession or not, but I have never seen it in any book or journal.

I think, in the year 1874, Mrs. A brought to my office a child four years old, which the day before had stuffed a large bean as far up the left nostril as possible. At that time the nose was much swollen and quite sore, it having been worked at by two physicians, while the child cried and took on so that the mother rebelled and would not let them try any longer.

I told the mother to set the child upright on her lap. I asked the child to open its mouth, which it did. I placed my index finger on the outside of the child's nose over the right nostril, and placed my mouth over that of the child, and made firm pressure of the finger on the nose, to prevent the escape of air through that nostril. Consequently the pressure of air was behind the bean, when I gave a quick hard blow, with my lips closed firmly over the child's mouth. To the astonishment and delight of the mother, the bean popped out of the child's nose.

I will not explain further than to say that every physcian knows, that by blowing into a child's mouth, the air will not be forced down the throat, but will return by way of the nostrils; and by holding the unobstructed nostril closed so that air cannot pass, the force will be behind the obstruction, and the tendency is to throw it forward.

I have used the above method many times since, with the same success. If the child is placed in a position so as to let the substance pass freely, and a quick, hard, puffing blow be given, the substance will fly across a room with considerable force. Only a few days ago, my wife brought to me our little two and a half

Digitized by Google

year old boy, with a bean in his nose, which was removed in the same way in less than ten seconds. No prodding and punching with hook, etc., and not the least pain whatever, and with me the method has been a success every time, so far.

Colfax, Iowa. E. M. HOLLAND.

Three Items from Dr. Edson.

Editor MEDICAL WORLD:

The article on the "toilet of the funis," in the September number of THE WORLD, is both timely and suggestive.

When it is considered that the umbilicus is not unfrequently the starting-point of serious trouble in the infant, it seems remarkable that so little care and attention have been given to it. The office of dressing the cord is usually delegated to whomsoever may chance to wash and dress the child, and it is but natural for each unskilled person to follow the only method she has ever known—that of enveloping the funis in a scorched rag—a method as unscientific as it is unsatisfactory. When thus treated, the odor of decay is frequently pervading and persistent. There is a better way. Prepared cotton—borated, carbolated, or absorbent—furnishes the very best of dressings. It is easy to apply, cleanly, absorbs all moisture and is in every way so satisfactory, that whoever uses it once will not be contented without it.

Within the last four months, many of the medical journals have published with *quasi* approval, "a new wrinkle" for quickly taking the temperature of the body. The method consists in raising the mercury in the thermometer somewhat above the probable temperature of the patient, then placing the thermometer in the mouth, or axilla, when it is claimed the mercury quickly subsides to the temperature of the body. Excellent indeed, and very simple; *but*, as most physicians who consult either convenience or accuracy use *self-registering* thermometers, the "wrinkle" does not seem to be of practical utility. Still further, the physician who cannot remain with his patient long enough to properly take the temperature in the ordinary way, is driving business altogether too fast for the best interests of his patients.

[Stick a pin right there.—ED.]

I wish here to enter my most emphatic protest against all efforts to create, or to supply, a demand for "pictures for physicians' offices." Works of art, paintings, statuary or bric a-brac, that do not violate good taste, may very properly adorn the physician's office. But horrible representations of dissections, surgical operations, other scenes depicted with painful realism, the very thought of which is odious and repulsive, are not calculated to be soothing or reassuring to waiting patients, nervous men, women and children. These with rattling skeletons, pathological specimens and pickled monstrosities, should be confined to the medical museum. Make the office pleasant. Keep the tools and machinery out of sight; to be brought forth, not for display, but only for use when necessity demands.

BENJ. EDSON, M.D.

Brooklyn.

On Determination of Sex.

Editor MEDICAL WORLD:

The possibility of fixing the sex of the child at the time of conception, or during gestation, is a subject that has always been of great interest to mankind, and one that has occasioned much speculation. Many a couple would give all the old shoes they have, if they could so regulate matters as to have the child a boy; many another to have it a girl; but how to do it has not yet been found out. There are numberless recipes, however, which in the estimation of those present are all nearly infallible, and many more are presented with doubt. I know of a married woman, the mother of a large family, who once assured me quite soberly that whether it was to be a girl or a boy entirely depended upon which side the woman lay when the act of intercourse that resulted in conception took place; she had deduced that out of her own experience. I ventured to remind her that, in the great majority of cases of conception, the woman, in the act of exposure, was in the dorsal position; but this did not shake her faith in the determination of sex from position; for, said she, "a woman always gets a little more on one side than on the other," and, confidentially, "my next baby shall be a boy; you see if it isn't." Some ten weeks after this, she informed me of her "delicate situation" again, and added, "now you see if it isn't a boy;" but the product of that especial effort as the proof of her theory is as fine a looking young lady of seventeen as can be found in the country; though, between the mother and the doctor she has always been known as "that boy." At the birth, and when the woman saw the failure of her recipe for sex, she couldn't account for it at all, "it was the first time that it didn't work true." But these speculative theories all tumble in like manner.

THE WORLD of JULY last had a communication from Mrs. F. J. Harmon, intended to show that the matter of sex was determined by the *time* of conception; if it took place just before the menstrual flow, the product would be a girl; if just after, a boy; and the lady gave some instances going to show the merits

Digitized by Google

of the theory. Now, unless the woman in the case knows that there has been but a single act of intercourse (a thing the putative father can never be quite certain of), it cannot always be known when impregnation took place; nor even then, since the actual contact of the seminal discharge with the product of ovulation may not occur till some days after the prolific act. Besides, what becomes of this time rule when we consider that in cases of twins it is about as often a boy and a girl as it is both of one or the other sex? Or are we to suppose that in case of one of each sex, the girl was the product of an intercourse before the menstrual flow, and the boy of another after it? But if we suppose this, what is to be said of the dozen pigs in one litter, half of one sex and half of the other, the conceptions of a known day and time? Or is this division of the sexes because the act was at the time of heat, and so on; neither the one or the other side of which corresponds to the monthly turn in the human female? You can put conundrums into this matter than none of us can answer.

Quite in opposition to the instances given by Mrs. Harmon is this: A woman was "unwell," on the second of December, and having for several years always been "regular" to twenty-eight days, should have "come 'round" again on the thirtieth. She was married the twenty-third, and exposed that night; the flow which before had been free and lasted about three days, aborted, and showed but a mere trifle on the thirtieth, and but for a few hours; further result, a boy baby in a little short of nine months from the marriage. In this case there could be no reasonable doubt that conception was procured from the acts of the wedding night. Other like instances might be given.

I submit that the "*side*" rule of the woman whom I have spoken of above, was just as well evidenced as the *time* rule which has been offered. The seeming proofs are mere coincidences, such as occur in hundreds of matters; look at them in the supposed etiology of diseases, and in the frequently mere suppositious efficacy of drugs.

The apparent—the obvious—truth is that the determination of sex is entirely removed from chance, from circumstances, from endeavor, from condition, from time, and is primarily and solely lodged in some unknown and undefinable principle in the primordial bioplastic cell, which underlies the growth of either the spermatozoa of the male or the ovule of the female; in *which* is as uncertain as any other point in the matter. That the determination of sex lies there, is no more remarkable and just as mysterious, as that in the mere speck of bioplasm, which in one case eventuates in a human being and in another case develops into a serpent, there is no detectable difference within the reach either of microscopical observation or chemical analysis; they are the same—C. H. N. O.,—nothing more and nothing less; out of their primary elements they are all builded, from the lowest form of inanimate life to the noblest instance of creation. And yet from the ultimate inception, there is implanted a *principle* which determines every individual bioplastic atom in a given direction, with as fixed a certainty as pertains to any of the laws of nature. This principle is no more than, but is quite as unrecognizable to the human understanding as, the principle of vitality, which underlies it all and which our plummets do not reach down to. It is one of the bottom facts which human intelligence must accept, but into the comprehension of which it cannot reach.

RUFUS W. GRISWOLD, M. D.

Rocky Hill, Conn.

I Want to Know the Reason Why?

Editor MEDICAL WORLD:

If you will allow me space I would like to ask the following questions of your correspondents:

1. The reason why physicians should not advertise as well as those of other professions?

2. The reason why physicians should do business for the clergy gratis?

3. The reason why doctors as a rule are poor collectors?

4. The reason why every doctor should not use any remedy that will cure, whether recommended by professor so-and-so, or not?

5. The reason why doctors should spend their time, talent and medicine, without some assurance of pay, any more than the merchant his goods; as these are the doctor's stock in trade?

6. The reason why any more articles on the post-partum binder should not be consigned to the waste basket?

7. The reason why there is not the same brotherly feeling among members of the medical fraternity which we find in other professions?

8. The reason why *I* am always the doctor, the other fellow the quack?

9. The reason why THE MEDICAL WORLD cannot be made a weekly instead of a monthly?

Alba, Pa. C. SMITH, M. D.

Dr. J. S. Younkin, of Hope, Texas, writes:—I consider the "WORLD Binder" worth twice the amount you ask for it. I have needed it for a year or more, as many of my journals have been scattered and lost."

Digitized by Google

Uræmic Convulsions.

Editor MEDICAL WORLD:

I was called on October 16th, to see Pauline W——, an extremely weak and delicate girl of fourteen. I found her with scarcely any fever, slight frontal headache, coated tongue, bowels constipated. Her face, hands and feet, were swollen to some extent. Light seemed to be very painful, and her room on that account was kept very dark.

I saw her on the 17th and 18th and there was no perceptible change. I had put her on quinine, acetate of potash and digitalis. On the 17th I examined her urine and as I expected, found large quantities of albumen. The same treatment was continued, after moving her bowels with calomel.

On the 18th, early in the morning she was taken with convulsions, and in my absence Dr. Wood was called in. He administered chloroform, after giving her croton oil, and gave her bromide of potash as he could. When I arrived she was just getting over the third spasm. We then gave her a hypodermatic injection of morphia and atropia. It had the desired effect, and we kept her in a partially comatose condition, with bromide, and chloral for nearly two days, only giving the chloral when very restless. At Dr. Wood's suggestion she was then put upon iron by hydrogen and quinine, three times a day; and iodide of potash and colchicum every four hours. I examined the urine every day or two, and when last examined there was not a trace of albumen to be found. She is now getting on well, keeps up nearly all the time and has a good appetite.

I diagnosed this case Bright's disease, and the convulsions as uræmic convulsions, and of course expected a speedy and fatal termination.

Now, Mr. Editor, what do you think of the case? I would like to have your opinion as well as that of the subscribers of your most excellent journal. Please let me hear from you.

Boykins, Va. F. E. WILLIAMS, M. D.

[The convulsions were uremic, and the case one of Bright's disease. We no longer consider a person doomed to a speedy death because she has Bright's, for the attack may be congestive, and may pass off, leaving the kidney uninjured. Or, the patient may recover with a kidney partially disabled, but still able to carry on its share of the duties. Finally, the uremic symptoms may disappear and the albuminuria cease, while diuretics are being taken, but whenever the patient eats too much meat, exposes herself to a cold wind, or becomes pregnant, the difficulty will return, until finally it causes her death, directly, or more often indirectly.

An examination of the urine for tube-casts would assist the prognosis.—Ed.]

The Chautauqua Plan.

Editor MEDICAL WORLD:

An organization among physicians similar to the Chautauqua Circle is, in my opinion, a most excellent idea. It is not that members of the profession do not read enough, but that they read without method; they do not take the time, have the care, or do not know how, to select the best, so as to read the least to obtain the most. In other words, instead of having the nut to crack and obtaining the meat with difficulty and in broken sections, the meat is presented to them by the Chautauqua method free from the shell, and in an unbroken condition, ready for their mastication and assimilation.

I was pleased with the extract on this subject in the October WORLD, and was disappointed in not finding numerous endorsements in the number for November; hence I offer my humble suggestion that the matter be not dropped.

Presuming that the Chautauqua plan is well known to all readers of THE WORLD, I will not occupy space in explaining it, but offer a suggestion for its inauguration among medical men.

Let THE MEDICAL WORLD publish a list of names of gentlemen eminent in the various branches of medicine, who are willing to serve as instructors in such a course.

Let those who desire to review their college course, to revive forgotten studies, to acquire the latest discoveries, vote on these candidates by letter, enclosing a fee, say of one dollar, to defray expenses of organization and to pay for membership.

Some such mode could be adopted that would be simple to start and easy to handle. The usefulness of such a plan is well attested by the great popularity of the Chautauqua Literary and Scientific Circle. I know of no more practical way of raising the standard of our profession. Many physicians who desire to pursue a post-graduate course, are prevented from so doing by unavoidable circumstances. Here would be the next best substitute. I hope THE WORLD will push this movement to a successful inauguration, and that "'87" will not be far advanced without our seeing the "required reading" for the month in that most popular journal. CHAS. H. HOUPT, M. D.

St. Paul, Minn.

[What do our readers think of this suggestion? Can any one make a better?—Ed.]

"Found at last! A common sense, practical Medical Journal. I enclose $1.00 for which you will please send me THE MEDICAL WORLD, beginning with January, 1886.

Deer Park, Md. DR. J. W. LAUGHLIN.

Digitized by Google

The Bandage.

Editor MEDICAL WORLD:

The November number of THE WORLD came duly to hand, and I noted a paragraph in which one of the medical profession asks my opinion in regard to the post partum bandage. As the gentleman has done me the honor to ask my opinion, I can do no less than answer him, although professionally my views can be of no value.

I was taught by my husband that the bandage was injurious. I think he never used one where he could possibly persuade the patient to do without it. Nevertheless, when I had occasion to wear one I did so. Not a straight strip, but a broad, well-fitted bandage, and each day, as my form grew less, I tightened the bandage enough to give some support. Of course, reason must be used in regard to fastening it, but in the majority of cases ladies will be able to judge for themselves, by their feelings, quite as well as a man can by the looks, if not better. My reasons for using it in all cases are, first, comfort, which means a great deal; secondly, I believe it will aid nature the sooner to bring the parts into a normal condition once more; and, last (because I suppose in the eyes of the other sex, least), I would mention form.

I see no reason why a wife and mother should not care as much for her figure as she did in her girlhood. With proper care she can care for it, and in no way injure her health.

I know the objections advanced by medical men as regards hemorrhage, displacement, etc., but it is not the bandage that is at fault, but either the fit or the manner of applying it at first. Nearly every day it can be tightened a little, and by the time the patient is able to sit up, she will have attained a good degree of strength in her back, and nearly the same form as she possessed a year before.

If I have made this article unnecessarily long, your readers must pardon me on the score of being a *woman;* and it is said we always say more than is necessary. MRS. F. J. HARMON.

Sanford, Maine.

P. S.—With your permission I have a question to ask, and it may be, a suggestion to make through THE WORLD, as regards a certaim remedy in typhoid fever, cholera infantum and the like.

[We are always ready to afford space for Mrs. Harmon's communications.—Ed.]

As long as we are living, THE MEDICAL WORLD and *I*, this will be kept up, as I cannot live without it.

Sadoga, Ind. MOSES C. DRAKE, M. D.

Post-Partum Hemorrhage.

Editor MEDICAL WORLD:

The late Prof. Chas. A. Budd, of N. Y. City, advised the administration of large doses of laudanum—a teaspoonful or more—in critical cases of flooding; as I can testify to personally. It is indicated probably for the reasons you have mentioned, and of course the primary effect of the alcoholic tincture of the drug must be strongly stimulant. I have recently had a case of this kind which may be of interest to some of your younger readers.

A practitioner of this village was obliged to go away, and left some of his business with me. Unexpectedly during his absence one of his labor cases came off, and of course I attended to it. The labor was exceptionally easy, the after-birth came along very soon, and we were all congratulating the patient upon her easy delivery. Very soon, however, I noticed that the uterus was not contracting properly. I tried everything, including ergot, but even while I was holding on to it, the uterus would fade out under my hand so that I could not find its outlines. I was in despair, and turning over in my mind all I had read or remembered, I called for some hot water, and dipping in it a large bath sponge which was lying near, I thrust it into the womb, hot and entire. The hemorrhage stopped at once, and did not return.

Geneva, N. Y. A. L. SWEET, M. D.

For Whooping Cough.

Editor MEDICAL WORLD:

By request of S. J. S. in December No. I give a formula for whooping cough mixture, which I think superior to anything I have ever used, viz:

℞ Croton chloral,.....gr. x
Ether sulph.,.....gtt. xv
Potassa. brom.,.....ʒ j
Tr. bellad.,.....gtt. xx
F. ext. hyoscyam.,.....gtt. xxiv
Syr. tolu. q. s. ad.....ʒ iv

M. Sig.—One teaspoonful every four hours to a child two years old.

Glenford, Ohio. G. S. FARQUHAR, M. D.

Hour-Glass Contraction.

Editor MEDICAL WORLD:

Enclosed you will find one dollar. Continue to send THE WORLD to my address. To the busy practitioner it is a *gem.*

Within a year I have met two cases of hour-glass contraction, and neither had taken ergot.

Jackson, Pa. S. J. ENGLE, M. D.

Digitized by Google

Typho-Malarial in Oildom.

Editor MEDICAL WORLD:

In answer to your question, after describing your type of fever on page 411, of December number—"are these the cases you call typho-malarial fever? I would say, *no*." The cases we call typho-malarial have no characteristic tongue. It is usually moist and coated; sometimes dry and brown. We have hemorrhage from the nose and bowels as often as we have in typhoid. The fever is as apt to be high at midnight or morning as in the afternoon. There usually is diarrhœa; but not as often as in typhoid. The pulse is often normal, and frequently subnormal. Quinine is of no use. *Many* die. A few have delirium. The attack lasts from twenty-one to forty-nine days. The skin may be moist every day. The spots are as frequent as in true typhoid. W. P. SHOEMAKER.

Bradford, Pa.

Albuminuria in Pregnancy.

Editor MEDICAL WORLD:

I have been lately studying the urine of pregnant women, who have swelled legs, and I find that in all the cases I have examined there is albumen in the urine. I would like to ask the readers of THE WORLD if any of them have met a case of even moderate swelling of the legs during the last month or two of pregnancy, without any albumen in the urine. I have always thought that most of the swelling was caused by pressure on the iliac veins, but of late I am inclined to think albumen will be found in the urine of every case. Will the brethren examine and report all their cases for a month? T. W. MUSGROVE, M. D.

Carleton, St. John, N. B.

Diphtheria.

Editor MEDICAL WORLD:

I find by referring back, that I commenced the treatment of diphtheria, sent you yesterday, in 1860, instead of 1863. Also I omitted to state that I used Labarraque's disinfectant solution, sprinkled or sprayed freely about the room, bed-clothes, etc. in the bed-pan or chamber previous to defæcation, and in the sputa-cup or basin. I also hang a sheet before the doorway outside, which is kept constantly wet with the same solution, to isolate the disease as far as possible. All clothing, etc., used by the patient, is thoroughly sprinkled with the solution, then wrapped in a sheet previous to removal from the room, taken out of doors and thoroughly boiled. Please make the above correction and addition, and oblige.

Ellicott City, Maryland. A. P. BURNES, M. D.

[See Vol. III, p. 413, December No.]

Retention of Dead Fœtus.

Editor MEDICAL WORLD:

Dr. W. H. J., page 413, last month's issue, writes for criticism on his treatment, and therefore I offer him mine.

His diagnosis was correct: had he acted upon it all would have ended well. The difficulty to the patient, and the death of the fœtus, arose from the introduction of the uterine sound, by which several of the chorial tufts were ruptured or displaced, and so escape of blood induced.

It must be remembered that the fœtus first absorbs its nutriment simply through the vitelline membrane; then the vitellus becomes absorbed and carried into the body of the fœtus by the branches of the omphalo-mesenteric vessels; then the chorial villi absorb nutriment, which is conveyed to the fœtus by blood vessels springing from the vascular allantois. When a larger number of the villi have disappeared, the remaining one-third of the chorial tufts develope into the placenta.

I find it good and safe practice in any case of retroverted or retroflexed uterus, and especially where there is the faintest suspicion of pregnancy, never to replace with instruments; but place the patient in the genu-pectoral position, and while thus, with knees abducted, introduce the index finger of right hand along the posterior wall of the vagina to its cul-de-sac, then request the patient to inspire deeply and expire slowly and to her utmost expulsive power, and during her act of *expulsion only*, let the operator press firmly behind the cervix upon the body of the uterus till it is in position, and keep it there during several acts of inspiration and expiration. If a pessary be required, it can now be inserted and most easily and properly adjusted.

The repeated and *copious* hemorrhage should have suggested immediate abortion.

Baltimore, Md. DR. C. COLEMAN BENSON.

Treatment of Syphilis.

Editor MEDICAL WORLD.

In answer to Dr. C. A. Holt, Troy, N. Y., I would say I have within the last thirty years had a great many cases of syphilis. For the last fifteen years I have not failed to cure every case, with the following prescription. One case had been under treatment for six years with calomel, iodide of potash and sarsaparilla, &c., &c.

℞ Fl'd ext. of smilax sylvatica,.....
Fl'd ext. of lappa minor,.....
Fl'd ext of phytolacca decandra,.....āā...℥ ij
Tinct. xanthoxylum,.....℥ j
M. If there are gummata, add iodide pot.....℥ j
Sig.—One teaspoonful to ℥ j of cold water before meals, and gradually increase to a tablespoonful.

Stanton, Michigan. J. B. SULLIVAN, M. D.

Digitized by Google

Dr. Baird's Cases.

Editor MEDICAL WORLD:

In common with my numerous medical brothers, I have derived invaluable aid from your "WORLD of knowledge," and in return I desire to lend a helping hand to Dr. J. P. Baird, of Pesch, Texas. It seems as though the doctor has considerable trouble in relieving the cases he terms "indigestion."

Now doctor I am going to give you a "*pointer*," and if you follow it *honestly*, you will want no better sport, than to go about the country *knocking the conceit out of all cases of indigestion* which fall into your hands.

In the first place I would have you give to each patient who complains of a sense of weight, or soreness in the *pit* of the stomach, the following cathartic:

℞ Hydrarg. chlor. mitis,.....gr. j.
Sacchari alb.....gr. v.
M. Ft. chart, no. 1.
Sig.—Take at bedtime in a tablespoonful o milk or water.

After this has operated, put the patient upon the following, and continue it for at least *two months:*

℞ Tr. nucis vomicæ,.....
Acid. salicylici.,.....
Potassæ bicarb.,.....āā.....ʒ ij
Aquae dest., q. s. ad.....fʒ iv
Sig.—A teaspoonful in a wineglass of water one-half hour before meals.

This preparation should be wrapped in some colored paper to keep out the light, and kept in a cool place.

If at any time the bowels become constipated, relieve them by giving the cathartic mentioned above.

Now doctor, I shall be gratified to hear from you again and feel confident that you will report success. I have never known it to fail in giving prompt relief, and by attention to *diet* will *cure* in the majority of cases.

DR. C. M. DICKSON.

Brandt, Ohio.

For Indigestion.

Editor MEDICAL WORLD:

In answer to J. P. Baird, Pesch, Tex., I would say that to treat indigestion properly the habits and diet must be regulated. Meals should be taken at regular stated times, and the patient should always leave the table with an appetite not quite satisfied. Each case must be studied separately. Certain articles of diet will disagree with one that may agree with another. Therefore choose the diet which is found (by close watching) to be most easily digested for each individual case. Take plenty of outdoor exercise. Lay aside business as much as possible each day for pleasure. In regard to medicine, give from five to ten grains of some good form of pepsin after each meal (I like Houghton's), and one hour before meals give a teaspoonful of listerine in a little water. For the constipation give from a teaspoonful to a tablespoonful of the following as is necessary each night: Fl. ext. cascara sag., 3 parts; fl. ext. euonymus, 2 parts; fluid hydrastis, 1 part. Give in syrup.. Please try the above and report results.

Arlington, Kas. JAS. W. HANAN, M. D.

Dyspepsia.

Editor MEDICAL WORLD:

Seeing in the November number an inquiry from Texas about the cause of so much dyspepsia there, and the best treatment for it, I desire to say briefly to our brother M. D., that if Texas is not an exception to the general rule in the southern states I have visited, the excessive use of tobacco is at the bottom of much of the trouble. I have in thirty-seven years treated many cases of indigestion, and in nearly all such cases *men* are slaves to the weed, and I only agree to cure them on condition they abandon its use entirely; and then if there is tenderness of the stomach, I at first put a blister over it, but not without. Then I keep the bowels moved twice each twenty-four hours, with extract cascara sagrada and soda phosphate; giving alternately enough to produce the desired effect. Besides this I give one-half hour before each meal:—

℞ Lactated pepsin (P. D. & Co.),....ʒ iij
Resorcine,.....ʒj—jss
M. Ft—Capsul. vel chart. no. xx

The proportion of resorcin I vary, giving more when the stomach is tender. If there be ulceration or chronic inflammation of the stomach, I prefer a combination of the pepsin with argenti nitras, and opium:

℞ Lactated pepsin,.....gr. x
Argenti nitratis, C. P.....
Opii pulv.,..... āā gr. ¼–½
M. S.—To be taken one half hour before meals for ten days, and then the first prescription for ten days, alternately.

This and careful dieting, the stomach being the judge of what agrees with it best, drinking no cold drinks with meals, nor for an hour or two after, well cooked proper food, well masticated and eaten slowly to give the saliva its proper work, and your indigestion will soon be a thing of the past.

Indianapolis, Indiana. S. A. BUTTERFIELD.

Diagnosis Wanted.

Editor MEDICAL WORLD:

I was called to a child nine months old, suffering with clonic convulsions, confined *entirely*

Digitized by Google

to the left side; involving the left side of the face, mouth, arm and hand, side, leg and foot. Its head was drawn to the convulsed side. There was marked convergent strabismus of both eyes, particularly the right; also the pupil of the right eye was dilated to twice its natural size, the pupil of the left eye being normal or nearly so. Both eyeballs would sometimes rotate. The countenance was blanched, though the patient had a little fever. Considerable difficulty was experienced in breathing, owing to mucus, &c., in the throat. The child was completely unconscious, bowels regular, kidneys acting well, gums swollen a little, and it had cut two lower central incisors. Had eaten nothing but bread and milk for twelve hours previous to this attack, and had been apparently well. Had not gotten hold of poison of any kind. I adopted the following treatment, which I send as a possible means of assisting in a diagnosis. Gave a mercurial purge, quinine every two hours, chloral hyd., brom. potassium and valerian, to control the spasm; and used counter-irritation over the entire length of the spinal column; blistered temples well with canth. cerate, and lanced the gums. The child emerged (after the lapse of five hours, during which time it had a continued convulsion of the left side as stated), from a state of apparent imminent dissolution to one of perfect ease. This change took place within five minutes. The convulsion ceased, respiration became perfectly natural, and the child dozed off into a quiet and peaceful slumber of some two hours duration. After awaking it seemed as well as ever, excepting a partial loss of the use of its left limbs, and is still in that condition, Nov. 22d. I would like to hear from the "medical brethren," and also from the editor, as I prize his opinion *very, very* highly. I withhold my diagnosis. J. S. YOUNGKIN, M. D.

Hope, Texas.

[Had the convulsions been due to organic disease of the central nervous system, they would not have passed off so quickly under *any* treatment. Our diagnosis would be, reflex convulsions, due to some irritation of the peripheral nerves, from teething or some offending substance in the alimentary canal. Perhaps the child resides in a malarial district, and in that case the convulsion may have been really a masked paroxysm of ague. As to the paresis remaining, to any one who has seen the intense cerebral hyperemia occurring in a convulsion, the blood starting through the skin on the temples, it is not wonderful that the delicate brain of a child should show some impairment of its functions after such a prolonged attack. In this case the congestion affects the entire motor tract in the right hemisphere.—ED.]

Dr. Ellison's Case.

Editor MEDICAL WORLD:

Dr. W. A. Ellison, of Texas, asks in Vol. iv., No. 11, page 387, "What was the cause of sudden death in his puerperal case?"

There are three causes for sudden death in the puerperal state, where death occurs with symptoms such as he names. (Exclude rupture of uterus, &c., &c.) They are—hemorrhage, embolus, and entrance of air into veins. He says that the patient lost half a gallon of blood, head half born, uterus ceased to contract. That he kneaded the uterus but that it did not respond. This would suggest internal hemorrhage. We can exclude entrance of air into veins because of the "plug"—child's head half delivered—but where were your forceps, Doctor? But from the symptoms which the doctor mentions, together with the fact of a hemorrhage having existed, I would suspect embolism. At this period the blood is in a highly fibrinated condition, which may be increased by severe hemorrhage, favoring the formation of thrombus, and later, embolism. The detached clot lodges in the pulmonary artery or some of its branches, producing cyanosis, dyspnea and præcordial oppression.

The Doctor asks why the womb ceased to contract so suddenly? If my diagnosis be correct, we would not expect the uterus to act, when in fifteen minutes all organs ceased to act, death occurring.

Fort Jones, California. C. S. COWAN, M. D.

Dr. Emrick's Case. Another.

Editor MEDICAL WORLD:

I read THE WORLD with much pleasure and profit.

In answer to Dr. Emrick's inquiry I should refer him to page 114, of J. Milner Fothergill's work on indigestion and biliousness; which suggests to me that his case might be one of ovarian dyspepsia, and that the sudden relief came from sudden release of the ovary from some incarceration, or other sufficient cause of irritation.

I have had a case under observation some weeks which has baffled the skill of a number of physicians.

Mrs. S——, now eighteen, two years ago had a pain in her back, severe, steady, with great weakness, so that she was confined to her bed some weeks. Gradually she recovered spontaneously after abandoning treatment by her physician.

Subsequently she became very obese, gaining from one hundred and twenty to two hundred and eleven and a half pounds, when she came

Digitized by Google

to me complaining of pains and weakness of the back, about the region of the kidneys. She was unable to work but could walk about. Examination revealed no disease of the kidneys or sexual apparatus.

I shut off starches, sugars, and fats as largely as I could, and requested her to go thirsty, in the hope of aiding physiological processes by physiological conditions—getting rid of the obesity—as I could see no cause for the pains and weakness.

The fat disappears about the sixth week, with rather increasing strength; but no marked improvement occurs. I have given occasional doses of calomel as the tongue coated occasionally; but no enlargement or tenderness of the liver is discoverable.

I am aware of her having taken iodide of iron, Lugol's solution, and mercury from different physicians; but no good result seems to have followed.

Can some one give me a suggestion likely to prove valuable? A. J. ABBOTT.

Emmet, Mich.

Galactorrhœa.

Editor MEDICAL WORLD:

In our professional peregrinations, and in our daily rounds of practice, we come across some very singular cases, which we do not find spoken or written about. I attended a lady in labor a short time since, and while we were waiting and watching "for that time to come," I chanced to have a conversation with another lady, who informed me that she had been confined of a boy over seven years previously. She weaned him at sixteen months. The doctor made use of different medicines to arrest the flow of milk, applied camphor, belladonna, and used iron internally with ergot, and strange to say she has felt the shooting of milk ever since, now going on for a period of eight years. What must be done? I will now ask my brethren to assist me in arresting the flow which is now debilitating the lady. I proposed that if she could enter matrimony it was quite probable she would be altogether relieved from her malady.

1126 S. 10th St., Phila. I. R. S.

Sea Sickness on Land.

Editor MEDICAL WORLD:

In answer to an article in the OCTOBER number, page 354, "M. D.," of Bainbridge, Pa., wants a remedy for sea-sickness on land. I think he will find no better remedy than Cocculus Indicus. It is a climbing plant of the East Indies, the source of fish-berries; dose, gr. ⅓, fl. ext. gtt. j.

Kaukauna, Wis. J. N. DANIELS, M. D.

Sequel to Dr. Dowden's Case.

Editor MEDICAL WORLD:

If you will allow me space I will give a brief history of the case for which I asked the diagnosis and treatment, in the October number, page 353–4.

Mr. A. E. was taken seriously ill with what his physician then called Bright's disease. He had ascites, apparently, being bloated to the fullest extent, but no albumen was found in his urine. He lay four months in this condition. Finally he got up, but his abdomen has been wonderfully enlarged ever since. A small abscess near the right iliac fossa broke and discharged its contents, and soon healed. But for six years he says he has not known a well day. August 10th, 1886, he called on me. I suspected typhoid fever, though there were contradictions to that theory. In a few days I became satisfied, and told my patient he had peri-typhlitis. But I asked the diagnosis and treatment of my medical brethren for the purpose of confirming my views or disproving them, and also for improvement in treatment.

On the eighth of September Dr. —— wrote me a personal letter, which confirmed my views of the case and its treatment. On the 3d day of September I lanced the tumor a little to the right of the iliac fossa, in the groin. It discharged 2½ gallons of pus, which was possessed of the worst odor I ever met with. The abscess on the abdomen broke September 6th, and discharges occasionally yet. The enlarged abdomen has become reduced wonderfully. The patient gets about well, rests well, and says he feels well. He is sixty-four years of age.

Yeddo, Indiana. DR. J. W. DOWDEN.

Calomel.

Editor MEDICAL WORLD:

Dear Sir:—Permit me to thank Dr. E. P. Whelford for calling my attention to the careful use of calomel, etc. Every practitioner is aware of the insolubility of calomel and of the chemical changes which take place with said element. He is, however, entirely mistaken, when he makes the sweeping assertion that calomel does not act on the liver, etc.

He is also in error when he says that W. S., gives calomel in all cases of typhoid fever. How could W. S. do so, when he states that some could not take medicine by the mouth at all.

Every investigator, both in this country and Europe, has discovered that calomel is as nearly a specific in the diseases of the liver and its appendages, as we have in the materia medica.

I agree with the doctor in his wonder that all of our typhoid fever patients don't play out, when we get hold of them.

Digitized by Google

Every one of us, has his own pet scheme or theory of treatment, etc., and nothing would be gained by discussing them in a medical or other journal, in order to get others to adopt them.

Look at the discussion of Profs. Thomas and Fordyce Barker, in the *American Journal of Obstetrics*, March, 1884. How they pitch into each other, without gloves, calling each other pet names, all with a view to have others adopt their own pet schemes or theory. The *U. S. Dispensatory* is full of contradiction as to the merits or results of certain elements or mediums. Contradictions are also found in THE MEDICAL WORLD from time to time. The views I expressed in THE WORLD are still my sentiments, and those sentiments are supported even at this very day (and not five to three years ago), by the most eminent practitioners at home and abroad.

To preserve a body a good recipe for Dr. Peters would be the following:

Equal parts of boracic acid, nitrate of soda, and chloride of potassium, dissolved in water by the aid of heat. Evaporate solution to dryness; then make a saturated solution, or standardize this to 12° B. Put the body into this solution and let it remain for twenty-four hours. This will preserve the body over a year. This salt will also preserve meat, fish, etc., for any length of time. The following will also preserve a boy, viz: — Arsenious acid, carbolic acid, glycerine and alcohol, made into a solution.

When ready, cut the aorta and insert a piece of rubber tubing into the aorta (removing clot of blood first), and secure this to a force pump, similar to the one generally used for the removal of intestinal obstruction. When ready, force the solution through the body. This also will preserve the body for years.

Igo, Cal. DR. H. SCHAFER.

Treatment Wanted for Eczema.

Editor MEDICAL WORLD:

I am in receipt to-day of the first copy I have seen of "THE MEDICAL WORLD." Enclosed please find my subscription for 1887. Although I have not followed my profession for four years, I am still interested in its literature. For fifteen years after graduating at Jefferson Medical College, I engaged in active practice.

I want to describe a case of chronic eczema of the hand, and see if your readers can suggest a remedy that will effect a cure. Eczema of the right hand *only*, and limited to the little, ring and middle fingers, dorsal surface only, and the adjacent part of the hand, as far back as the wrist joint—dorsal surface only affected; the thumb and fore-finger never affected; balance of body, entirely free from any skin disease. Disease always begins on the first approach of cold weather, and disappears with the return of *warm* weather. It made its first appearance at the age of twenty-four, patient now forty-three years old, returned each season since, never spread over a larger surface than at its first appearance. It begins with itchiness of the skin of the parts about to be affected. Vesicles appear; after this, vesicles change into pustules, which dry up and scales form, or crusts. When these come off, the surface underneath is dry, glistening and red in color. This eruption is inclined to occur in circles or zones, leaving a center of unaffected skin, with the eruption on the outer edge of this circle. Patient is of full habit, in perfect health otherwise; never had any specific disorder (venereal). All sorts of remedies have been tried to cure it and to prevent its return, but of no avail. Poultices of linseed meal, applied for several days, cause the eruption to heal and the skin scales off; but the disease reappears in a day or two after the poulticing ceases. If there is a remedy known to yourself or any of your readers, I shall be glad to hear of it.

Pittsburg, Pa. "CERCLE."

Hydrothorax—Treatment Wanted.

Editor MEDICAL WORLD:

Will you or some of your many subscribers give me the best treatment for hydrothorax. A good old professional brother (O. P. Greenwood, of El Dorado), sixty years of age, was taken about last March with pleurisy, which left the above disease, also heart trouble. Fifty-six to sixty ounces of water have been taken from the right pleural cavity about every eight days since September. His general health has improved, but the effusion of water continues. We have tried various treatments.

The appetite and digestion are good, and the heart trouble greatly improved. We drew the water from him on on the 17th, and will do so again on the 25th. J. KIMBALL, M. D.

Champagnolle, Ark.

[It is not likely that the compressed lung will unfold after being squeezed tightly by a pleuritic effusion for eight months. Hence the removal of the fluid can only cause the development of emphysema, bronchiectases, curvature of the spine, and draw the heart still further over to the affected side. Better let the water alone, unless it causes dyspnea to an alarming extent, and confine your efforts to sustaining the general health. Do any of our readers know of a case where any restoration of the function of a lung occurred, after the withdrawal of an effusion which had compressed it for a long time?—Ed.]

Digitized by Google

Diphtheria.

Editor MEDICAL WORLD:

As you well know, I have been for several years a subscriber of THE WORLD, and like it. Have been practicing medicine over thirty-five years, and of course, had some experience. This fact makes the different communications in your journal all the more interesting to me. So many of the younger members relate so much that I have known by my own practice.

However, in some things we must differ, for instance, in diphtheria my treatment for the past twenty years has consisted in the use of several different remedies, but on no account do I allow the "membrane" to be disturbed, or the surrounding tissue to be irritated by swabbing or gargling, but let the membrane melt away as the healthy tissue below throws it off, or after the parasite is killed.

Have been practicing on this altitude (above sea 10,000 feet) for four years, and have not yet seen a case of lung fever or any other fever result in pulmonary consumption. There is no such thing as consumption here, unless imported. The air circulates through pine forests, which may have something to do with its healthfulness.

Just here, let me ask a question: Can small pox be propagated without artificial heat?

Elmo, Colorado, E. H. REABLES, M D.

10,000 feet above sea level.

Dr. Emrick's Case.

Editor MEDICAL WORLD:

I think the vomiting in the case reported by Dr. E. M. Emrick was caused by partial closure of the lower end of the œsophagus, due either to spasmodic stricture, or the presence of a foreign body or tumor.

I saw a case in which the symptoms were almost identical, the only difference being that the patient would usually retain a small amount of milk at the end of each meal.

The patient died in about two years, and the post mortem examination revealed an organic stricture of the œsophagus.

Paris, Ill. W. H. TEN BROECK.

Are Lacerations Avoidable?

Editor MEDICAL WORLD:

One of your contributors asked for information about lacerations of the female perineum, during labor. They happen to the most skillful physician and are unavoidable, especially in cases of large headed children, and in forceps delivery. Your contributor did all that any man or woman could do, under the circumstances, and is not to blame.

N. Y. City. L. G. DOANE, M. D.

Opacity of Cornea in a Horse.

Editor MEDICAL WORLD:

In answer to the query of "R" in the November number of THE WORLD, I would say that I have succeeded in curing obstinate cases of corneal opacity by the use of the following:

℞ Iodini, ...
Potass. iodid.,.....āā ʒ j
Aquæ, ...f ʒ j

M. et ft. lotion.

S. Apply to the cornea twice daily with a camel's hair brush.

Keep the bowels open while under treatmgnt.

C. B. BOTOCK, M.R.C.V.S. Eng.,
Upper Darby P. O., Pa. Vet. Surgeon.

For Frequent Micturition.

Editor MEDICAL WORLD:

I notice in your December issue that Dr. A. A. W., of Gossett, Ill., asks for a prescription to relieve frequent micturition at night. I offer therefor this:

℞ Tinct. cantharidis,.....fʒ j
Tinct. opii,.....fʒ ij
M. S.—Ten to twenty drops at bedtime.

I have found specific virtues in this combination. You may think it worthy a trial.

Louisville. FORD CAMPFIELD.

Administration of Permanganate.

Editor MEDICAL WORLD:

Just a few words regarding the internal administration of permanganate of potassium, so as to render it tasteless and acceptable to the stomach, viz:

℞ Potass. permang.....pt. j
Bismuth trisnit.....pts. ij

This combination renders it tasteless and quite palatable.

Brooklyn. DR. JOHNSTONE.

Diphtheria.

Editor MEDICAL WORLD:

A recent epidemic of diphtheria occurring in our vicinity gave me ample opportunity for observing the disease in all its forms, from its mildest attacks to the most virulent.

And, brother physicians, just let me add here, when you hear a man say that he possesses a specific, or that he cures all cases of diphtheria, call him Baron Munchausen, for he will be a prince of liars; or else stand in awe of him, for he will possess divine power. We have recently sat by the bed-side and watched the young lives of more than one fade away. And if you take an evening stroll with any of the neighboring physicians, in the walk by the cemetery, they will point out mounds of fresh earth lately erected to their bad diphtheria patients. They don't all die that are attacked, but more than

Digitized by Google

seventy-five per cent. of the cases of pure diphtheria died, in the recent epidemic that visited our county. *All* the cases of laryngeal complication died. The oldest that died was twenty-two; the youngest four years of age.

The modes of treatment were various. One doctor commenced his cases by tearing off the membrane with a scoop-like instrument; but he soon abandoned this plan, for, like the liver of the chained Prometheus, it was reproduced as fast as torn away. The plan of treatment that was most successful in my hands was the following:

℞ Tinct. ferri chlor.,.....f℥ iv
Potass. chloratis,.....℥ j
Glycerini,.....f℥ ij
Aquæ,.....℥ ij
M. Sig.—A teaspoonful every half hour.

This would be for a child two or three years of age.

℞ Liq. ferri subsulph.,.....f℥ j
Glycerini,.....℥ j
Acid. carbolici,.....gr. xxx
Aquæ,.....℥ j
M. Sig.—Apply to throat with brush or swab every hour.

℞ Kerosene,.....℥ iv
Gum camphor,.....℥ ss
M. Sig.—Saturate a flannel cloth in this mixture and apply to throat, and give quinine freely; and if there is any tendency to prostration give freely of stimulants.

I commenced early in the disease to feed my patients. No sooner had the autograph of diphtheria been scrawled across the throat in its characteristic lines of pseudo-membrane, than I began to give milk and beef soups, but depended principally on milk, giving all the stomach would digest; frequently adding pepsin. It requires great effort to get a diphtheritic patient to take sufficient nourishment; there is often great repugnance to food—so much so in a few cases that they positively refused to take any by the mouth, and only those who have tried rectal alimentation know its difficulty.

In some of the cases the glands of the neck suppurated. In one case I have now under treatment, a large ulcer formed in the palate after the membrane separated, and it is giving me trouble to heal it. It has now been twenty-one days since the attack. A number of children were affected with ugly sores on their feet, that were slow to heal and protracted their convalescence. A few cases suffered from a mild form of paralysis. One child had strabismus following a mild attack. Nearly all the cases had difficulty in swallowing fluid, on account of its running out of the nose. I saw only one case of nasal dipththeria during the epidemic.

A. R. CAIN, M. D.

Senecaville, Ohio.

Treatment of Scalp Wounds.

Editor MEDICAL WORLD:

Try this for scalp wounds: If stitches are required, take as few as possible and with a fine number of iron dyed silk. Better still, complete closure can generally be accomplished in this wise. Lay a piece of strong thread lengthwise of the wound. Then from each side take a small lock of hair and by crossing with a single knot bring the edges closely together. Hold while an assistant ties the thread tightly over and securing the hair knot. Continue this with other pieces of thread and locks of hair until the wound is entirely closed. Now saturate a pledget of cotton with dilute tincture of calendula, one part to four of water, put over another pledget of dry cotton; bandage, and if your experience is like mine, you will procure healing by immediate union. I renew the application with clean pledgets every day, and for bleeding wounds believe calendula is the king of remedies.

These reports of experience constitute the great value of the THE MEDICAL WORLD and in this field it moves without a rival.

Tower, Minn. ISAAC VANDEUSEN, M. D.

Microbian Dots.

Editor MEDICAL WORLD:

Let Dr. Palmer try Anstie's plan: give a hot mustard foot-bath, a bowl of hot ginger tea, and a scruple of chloral after the patient is in bed. If that doesn't give relief, he should apply a weak galvanic current, which never fails.

Dr. Evans will find the uterine congestion much relieved if he will insert a cotton tampon soaked with glycerine, changed twice a day for a week. Then a properly fitting Smith pessary will 'hang the womb up to dry,' and complete the cure. If there is too much soreness to allow of the glycerine being used, apply iodoform freely to the eroded cervix, and use the glycerine next day.

Dr. Ellison's patient died of heart-clot.

Your subscriber from Long Lake may try to deodorize petroleum by passing it through charcoal.

W. S. should try Keith's avena for paresis of pregnancy. I should like to hear how it works. If it fails, he had better resort to the faradic brush, using it as strongly as can be borne, twice a week.

Dr. Abell's case requires an operation; urethrotomy or perineal section. But has the doctor tried to get a soft French olive-pointed catheter through, after first injecting warm oil into the urethra, close down to the stricture?

Digitized by Google

If even a No. 1 can be gotten in, leave it there over night, and next day a four will penetrate.

M. J. should not worry because his patient had a lacerated perineum. No one can prevent that accident from occurring occasionally. But he ought to have sewn it up at once.

The best thing I ever read on supporting the perineum, is on page 338 of the October WORLD.

It is not easy to judge of the difficulties in the way of another man; but if W. H. J. had put his patient in the genu-pectoral position, with clothes loosened, and inserted his finger in the rectum, perhaps aided by a hard-rubber rectal bougie, he would have had an infinitely better method of replacing a retroverted uterus, than by inserting a sound. I do not believe he will ever again "leave pregnancy out from the diagnosis." But he deserves credit for his frankness in relating the case. I consider his paper one of the best which has appeared in THE WORLD since I began to take it. If the retroversion is not relieved, the death of the fœtus is certain in such cases.

Dr. Maguire's curious case looks to me like the first stage of a locomotor ataxy. I would suggest iodide of potassium. Was the blindness due to an accident, or to m ning (?) in other men's claims?

In Dr. Clark's case, I think I'd chance the introduction of a steel sound in the urethra in search of granular membrane. If so, the continued use of the sound, with the regimen suitable to cases of spermatorrhœa, will result in a cure.

Dr. Mollyneaux had better put on a rubber bandage, and apply iodoform ointment with tannin to the ulcer. I have known an old case of milk-leg get well when massage was used, with large doses of the iodides.

Greenville, Pa. MIKE ROBY.

Wound of Knee Joint.

Editor MEDICAL WORLD:

It has always been a reproach to our profession that injuries of the joints, especially the knee, are so often followed by anchylosis.

a case recently treated I determined if possible to prevent such a result, A boy of six, while attempting to climb into a cart while in motion, slipped his leg between the spokes of the wheel, twisting and doubling the leg in such a manner as to severely lacerate the ligaments, obliquely fracturing the inner condyle of the femur and the upper extremity of the fibula, transversely, just below the articulation. It was at once reduced, dressed with a splint and bandages, secured in a jointed fracture box with movable foot piece, and cold water dressings applied. The pain was not severe after the first day or two, although the swelling was considerable. At first the knee was a little flexed; at the end of three days a little more, adding greatly to the comfort of the patient. At every dressing the angle was a little changed. At the end of three weeks, the inflammation and swelling having subsided, the splint was removed. At the end of five weeks union had taken place. A liniment was the only application, with a moderately tight bandage about the knee. At the end of eight weeks he left his bed, and moved the leg with considerable freedom. And now, although the knee is enlarged, he is walking without cane or crutch, using an elastic knee-cap (from Hastings & Garson), and bending the knee almost to its normal extent.

All the authorities which I have consulted insist on absolute rest for a longer or shorter period, and a stiff joint is generally predicted. I was apprehensive that the frequent change in position might delay the union, but it did not appear to have that effect, as the union took place quite as early as usual.

My article in the September number on the determination of sex, was written mainly to elicit opinions from those having more ample opportunities for observation. It is not improbable that the imagination might affect the sex of the offspring as easily as it can (as some think) by fright produce marks and deformities; or as in the case of a magnetized person being compelled, on drinking water, to imagine it to be wine, brandy, or vinegar, as the magnetizer shall require.

This impression in the case of the mother is not merely temporary, but is constantly renewed and enforced, by being dwelt upon thereafter through all the stages of fœtal development.

Petaluma, Cal. WM. R. WELLS, A.M., M.D.

For Hysteria.

Editor MEDICAL WORLD:

In my practice of nearly forty years I have seen a great variety of cases of hysteria, and after experimenting with all the known remedies, I found that the following formula answered almost every indication. I would say that after arresting the paroxysm, I made use of tinct. ferri chlor. To arrest the spasm I gave the following:

℞ Tr. asafœtidæ, ... f℥ ij
Tr. lobeliæ, ...
Tr. opii camph., ... āā f℥ j
Aetheris, ... f℥ j

M. S. Dose, one teaspoonful every hour until four teaspoonfuls are taken, when in nine out of ten cases the paroxysm was arrested, and I began with the tincture of iron in large doses.

1126 S. 10th St., Phila. I. R. S.

Digitized by Google

Laryngismus Stridulus.

Editor MEDICAL WORLD:

I send you a prescription which I have used in my family and practice for the last fifteen or eighteen years for spasmodic croup (laryngismus stridulus), and have had no occasion to use any other since beginning it. I have given the prescription to my brother practitioners here, and they are as confident of its efficacy as I am. In fact the leading druggists keep it in their dispensing bottles, always on hand, the citizens sending for it when a child is attacked with croup, instead of sending for their family physician. I have had many parties, who had used it while here, to send back to me for the remedy from New York, New Orleans, and other distant cities. One great advantage it possesses is that it is entirely free from producing any dangerous effects whatever, and is easily prepared:

℞ Potassii bromidi,.....ʒ ij, ℈ ij
Potassæ chloratis,.....ʒ j, ℈ j
Ipecac. pulveris,.....gr. viij
Ext. glycyrrh. pulveris,.....ʒ iv
Aquæ,.....f ʒ ijss
Syrup. scillæ,.....f ʒ iv

M. Sig.—One teaspoonful every half hour till relieved, for a child one to three years.

If given to a child when it is first heard to cough croupy, it will keep off the attack. We give this with as much confidence as we would morphine to relieve pain. It is also a capital cough medicine, and a good vehicle to give quinine in, the licorice disguising the bitter taste, and the bromide quieting the nervous system.

Spartansburg, S. C. J. NOTT. MOORE.

Frost Bites; Otitis; Burns.

Editor MEDICAL WORLD:

As a small return for the many good things contained in the November number of THE WORLD, from which I have been substantially benefited, I will state briefly that I have found during an experience here on the plains of Kansas of fourteen years, that dilute muriatic acid (as strong as can be borne) is a "sovereign balm" for frozen feet, or indeed frozen anything.

I have found dilute sulphurous acid injected (after proper cleansing) three times a day into the ear, for a space of ten days, cure a case of inflammation of the internal ear, that for ten months had resisted the best efforts of some of the leading physicians of Missouri.

I have found that balsam copaiba stands at the head of my list of remedies for scalds and burns. J. W. HOLMES, M. D.

Garden City, Kansas.

Membranous Croup.

Editor MEDICAL WORLD:

As members of the medical fraternity are contributing their best thoughts and most successful treatment through the columns of THE WORLD, and as no good thing should be withheld from them, I have something to recommend for one of the most formidable ills of childhood. I refer to membranous croup. To avoid the unpleasant charge of boasting, I shall not report my success except to say that recovery has been the rule. I use lime freely by inhalation. If the patient is too young to inhale from a vessel, I place in the sick room a kettle containing lime and water, into which I place heated irons or anything that will answer, until the room is filled with the vapor. The lime has the effect to dissolve or detach the membrane, and by the use of an occasional emetic of Turpeth mineral the membrane is frequently thrown off. In addition to the above I use a sponge filled with warm water to the throat, and keep the bowels freely open. I recommend the above, after having applied the crucial test of sixteen years of experience.

Chili, Ind. J. C. WAITE.

Laryngeal Diphtheria or Croup.

Editor MEDICAL WORLD:

I was called on the morning of Nov. 7th, 1886, to see Jacob B., a boy seven years old, who was taken the night before with croup. It was easy to see we had a bad case on hand, and so I told the friends. I ordered syrup of squills, syrup of sanguinaria. This caused vomiting, but did not in any respect relieve the trouble. At night I found the boy worse, and ordered steam from slacking lime, as hot as could be borne, every fifteen minutes; and smoke from burning tar and turpentine every two hours. This was kept up all night. In the morning I could not see that the boy breathed any easier. I found him very weak. He had been drinking milk freely; now gave all the whiskey I could get him to take, as much as half a pint in twenty four hours. I also gave warm blood from beeves, which he took readily. Requested counsel with view of opening trachea. At noon the counsel decided the case too far gone to operate, and left after telling the parents there was no hope and their boy must die.

Now comes what I believe did a good work. The boy had not coughed for twelve hours, laboring very hard to get his breath With a powder insufflator we blew into the larynx (or as near as we could) twenty grs. of calomel every six hours. On the morning of the 9th, immediately after the powder had been used the fourth time, it excited coughing and he got rid of

Digitized by Google

a false membrane two inches long, the size and shape of the trachea. All that day till evening, he rested and breathed easy. At night the trouble returned, with quick and difficult breathing. Again the calomel was used, and it excited coughing and vomiting, by which he got rid of a great deal of tough mucus and false membrane. From this time on there was no serious trouble. He coughed up blood for several days, and complained some of his lungs hurting. Is now well. Of course the *calomel* part of this treatment some will condemn. Be it so. Nothing succeeds like success.

Springport, Ind. L. W. ESTABROOK.

Eczema. Opium in Post-partum Hemorrhage, &c.

Editor MEDICAL WORLD:

That nameless disease which has caused so much itching among patients, and so much anxiety among physicians as to its name, is neither more nor less than Eczema Papulosum; and its cure depends very largely upon a corrected diet, as well as a correct plan of treatment.

A good amount of information concerning it can be found in a little book written by Arthur Van Harlingen, M.D., published by P. Blakiston, Son & Co.

As for that bandage, I think by taking N. F. Folsom's bandage and making the necessary addition to convert it into a T bandage, you will have all that can be asked for in the way of external support; and at the same time will prove truly gratifying to the great majority of ladies.

With regard to the opium in post-partum hemorrhage, I supposed that it was an admitted fact that moderate doses of opium would produce uterine contractions.

Dr. Churchill speaks confidently of drachm doses of laudanum, in flooding either before or after delivery. Dr. G. S. Bedford also says there is no remedy so efficacious as laudanum in teaspoonful doses, every fifteen minutes until reaction comes up and you can feel the radial pulse distinctly in cases where the patient is more or less in a moribund condition; but Dr. B. gives it as a stimulus as well, for its influence on the orbicular muscles of the uterus.

This is a peculiarity of opium, in striking contrast with belladonna and henbane.

It is a well known fact that they,—belladonna and opium—antidote each other, and no doubt they bring about this good effect by their contrary action on the vasomotor nerves, and the consequent blood supply. There are some points which are not yet satisfactorily settled as to the theory of the action of opium.

Hoping to learn more about it through THE MEDICAL WORLD, I remain,

Morenci, Mich. C. W. STOCUM, M D.

Parotid Abscess.

Editor MEDICAL WORLD:

A boy twelve years old came to me, with the left side of his face over and below the parotid gland badly swollen, and having every appearance of a scrofulous swelling.

I prescribed a liberal flaxseed meal poultice, changed hourly, and a saline cathartic. October 26th, patient returned; swelling increased, eye closed, jaws locked, no sign of suppuration, and I made my diagnosis—parotid abscess—Took patient to a dentist and had the upper right canine extracted. Prescribed egg and milk to be taken through a glass tube. Also directed pil. cathartic. co., one before breakfast. Morph. sulph., gr. ⅛ at bedtime. Continued the use of the poultices.

October 31st, saw patient; abscess had pointed at angle of jaw, and I lanced it. Discharged freely. November 4th, saw patient again. Abscess had pointed at two more places, anterior to the gland, which were opened just below and above the line of Steno's duct.

At this date, November 7th, the boy's condition is greatly improved. In treating the case further, should I have a salivary fistula to deal with, I will report to you.

Blue Hill, Neb. GEO. CHAFFEE, M. D.

Removal of Cerumen.

Editor MEDICAL WORLD:

On November 15th, I removed a truncated cone like plug, half an inch long, from each ear of a gentleman. His hearing was immediately, decidedly improved, as soon as the plugs were removed. These cone-like plugs began to form more than twenty years since, he thinks, and at that time he had trouble in his ears, rendering him quite deaf. The oil that he put into his ears, and the washing and syringing them a little at a time, only produced more deafness, by softening and thickening the ear wax, without removing it.

No ordinary person, nor even a physician, unless he has special skill in being able to *see* the *drums* of the ears, and *knowing* that they are entirely clean, can properly syringe the ears of a like case. One reason why ears are so little benefited by directing the patients to syringe them, is that they do not clean them entirely out, yet think that they have done all that can be done in that way. Patients think that if they syringe the ears ten minutes, they have done it long enough, and that if anything had been in them it must surely have come out; but often they are mistaken.

Portsmouth, N. H. N. L. FOLSOM, M.D.

Digitized by Google

Gun-Shot Wound of the Face.

Editor MEDICAL WORLD:

I have a case of interest (I think) to report. On October 25th, I was called to see a little girl six years old, who was accidentally shot with a long 32-calibre pistol—40 grains of powder. The ball entered the cheek bone at a point one-half inch from the eye, passed obliquely through the cheek bone, and penetrated to the depth of five inches. Dr. D. D. C., a surgeon of ability was called, and as the child did not suffer, we deemed it best to watch results. The wound healed without suppuration, and the child is now at school. Never suffered an hour, ate and slept well the entire time. We can feel the shattered bone with a probe. W. S. CLINE.

Tom's Brook, Virginia.

Cockle-Bur in the Air Passage.

Editor MEDICAL WORLD:

Willie B., age 13, was brought to my office on the evening of October 9th, with the information that he had a cockle bur in his throat. The only evidence of anything wrong with the air passage was a complete loss of voice. A careful examination failed to reveal the location or presence of the foreign body.

I gave an opiate and ordered cold applications to the throat externally; I saw the boy every few days up to October 20th, eleven days after the accident, when in a fit of coughing the bur was expelled.

At no time during the presence of this bur in the air passages was there any increase in the temperature or other untoward symptom, except a very offensive breath. The voice is gradually returning.

The interest attached to this case arises from the nature of the foreign body, the innocence of its presence, and the fortunate termination.

Celina, O. J. M. LISLE, M. D.

Atonic Dyspepsia.

Editor MEDICAL WORLD:

I received the October number (thanks), and noticed one error in stating my case of atonic dyspepsia of *seventy years standing*. You made it *seven years standing*. You may think strange that I could live so long, but it has been my continual care. Being a practical physician I had the case always in view, and all the various remedies at hand, but the tincture of the seeds of arctium lappa has proven superior to any and all others I ever tried. Another simple remedy I add if there is diarrhœa or catarrh of bowels, that is an infusion of the seed or berries of rhus glabra, made pleasant by the addition of glycerine and spirits. I am confident these simple remedies are too much neglected by the profession.

Another simple remedy (and much neglected) is the mistletoe (viscum album). I have used it for several years as a substitute for ergot, and have noticed a peculiar action of this drug that I never saw mentioned by any other physician; for instance, when called to see an obstetrical case, and finding the patient had been perhaps twenty-four hours harassed with useless ineffectual pains, I give twenty-five drops of fluid extract viscum and repeat in two hours; this will often quiet those pains quicker and much better than opium. I then direct two or three doses per day and tell them when they get ready, *i. e.*, have the proper pains, to send for me again. Brother physicians try it.

Excuse my homely style and do with this as you see fit. "I have been young but now I am old," in my seventy-fifth year, and have had a hard struggle with my infirmities through many years, and know whereof I speak.

Evansville, Ind. E. SPENCER.

Obstetric Difficulties.

Editor MEDICAL WORLD:

I wish to present to the readers of THE WORLD some cases which have occurred in my practice of late, as a slight return for the many valuable articles I have read from the pen of others.

CASE 1.—Was telegraphed for at 8 P. M., September 27th, to attend Mrs. C., six miles distant, in her first confinement. Found her having slight labor pains, which continued all night, increasing in severity in the early morning, os rigid and undilated. At 9 A. M. the pains were very severe. Gave gr. xx each of chloral hydrat. and potass. bromid. In fifteen minutes she began to talk irrationally, and continued to do so in spite of my protestations for about two hours. This, and the dilatation of the os which took place during the time, I attributed to the chloral. The pains lessened in severity, however, and she seemed, as she said she felt,—tired out. The presentation was natural, first position, but for an hour the head of the foetus made no perceptible progress, and at 11.30 I applied the forceps and delivered a girl of about nine pounds weight. The placenta came away shortly after. The perineum was torn and I inserted two stitches with a perineum needle. She had recovered from the chloral before delivery, and was quite cheerful while I applied a post-partum bandage. No unusual hemorrhage occurred, but a sequel which was quite unexpected followed in about half an hour. I was down stairs, and when I returned I found her gasping for breath,—pulseless, pale,

Digitized by Google

cold, unconscious, eyes upturned, apparently dying. I hurriedly examined for hemorrhage, but discovered nothing serious there. I mixed up, brandy 2 parts, spts. ammon. aromat. 1 part, water 2 parts, and *fed* her on it per orem, a little at a time. This she swallowed with much hesitation at first, but more readily in ten minutes, and in fifteen minutes I had the satisfaction of finding the radial pulse again and observing other signs of returning life. Several times during the next two hours similar symptoms presented, but by careful watching, application of hot bricks and irons to the legs and body, and the use of the stimulus, she "pulled through." Dr. K. had been telegraphed for, and arriving when she had rallied, coincided with the treatment. She made a slow but sure recovery, without any further alarming symptoms. Now what was the cause of the sudden change and the alarming symptoms? Had the chloral anything to do with it? Was it reaction, having borne up bravely through the crisis—like one does in case of a fire—and then sinking exhausted when it was all over? Was it shock, similar to surgical shock? Was it due to embolism—say of the pulmonary artery or its bifurcation? Now doctors, let us have your opinions.

CASE 2.—A sister-in-law of case one, primipara, in labor from 10 P. M. till 3 P. M. next day, pains gradually growing harder, but the patient just groaned away her pains. I waited patiently from 12 till 3, and then when I found the os well dilated, advised her to "bear down" during her pains; this however, she would'nt do. So I gave her ergot, fl. ext. ℈ j, which shortly increased the strength of the uterine contraction, so that the child was born in half an hour *all right*. Now, criticise, brethren, did I do wrong in encouraging her to "bear down," or in giving ergot *before* delivery of the head?

CASE 3.—Third child. Messenger came at 6 A. M., October 26th, for me to go eight miles distant, saying Mrs. McD. had been having fits since 4 A. M. "All right," I said, "I'll get there before you do if she is having fits,"—and I did. She had had three convulsions and was on the verge of a fourth. I injected hypodermically morphia sulph., gr. ¼, atropia sulph., gr. $\frac{1}{150}$ (Wyeth's tablet). She ceased the twitching of the muscles, but started at every sound. In fifteen minutes I gave her gr. ¼ of morphia acetat. per orem. She dozed off, but at 9.30 awoke and answered questions, complained of the dreadful pain in the head she had had, and dreaded its return. Gave her gr. xv each of chloral hydrat. and potas. bromid. and drew off ℥ iv of urine—dark and thick. At 11.30 she had another convulsion, the tonic spasm lasting about two minutes, and clonic spasms and a comatose condition continuing for an hour. Gave another hypodermic same as before and telegraphed for Dr. D. Until this time the os was not dilated sufficiently to admit one finger, and nothing like labor pains presented,—but she complained of pains in the back and head. Made an ointment of chloral hydrat., ext. belladonna and lard, and smeared the cervix with it three or four times within two hours. At 2.30 Dr. D. arrived, and at 3 she had another convulsion. Dr. D. advised ergot, which we gave in ℈ j doses at 3.30 and 5.30 P. M. No labor pains succeeded, but at 6 P. M. the os was dilated to admit two small fingers, and was soft and dilatable. Then, when we were preparing to give an enema, she had another convulsion. We gave her the enema, and decided to use forceps if possible. Dr. D. gave chloroform, and at 6.30 P. M. I applied the forceps, experiencing some difficulty in working them into the imperfectly dilated os. Then by slow, steady traction I delivered the child, which appeared to us a foetus of about eight months. Dr. D. immediately introduced his hand and removed the placenta. She slept soundly and couldn't be roused at 9.30 P.M.

October 27th, 6 A. M. Patient slept well during the night, but took gruel at intervals of two hours, was quite conscious, but very quiet, remembered nothing of the preceding day and night, urinated freely. 4 P. M. brighter, passes water abundantly, takes nourishment nicely. Pulse 100, temperature 99°F.

29th. Pulse 66, temperature 99⅛°. Gave pulv. jalapæ co.

30th. Pulse 75, temperature 99¾°. Ordered carbolized vaginal injections.

November 6th. Doing well.

Examination of the urine drawn at 9.30 A. M. on the 26th of October, was delayed until the 27th, when it was found to be *filled* with albumen—heat alone, cold nitric acid, or the two together, almost solidified it. She had premonitory symptoms of œdema, frequent micturition and cephalalgia.

The child had little vitality at birth, and immersion in warm water, friction and artificial respiration were resorted to. It had convulsions all night and until noon next day. Enemata were given. It rallied and is doing finely now.

Now, fellow practitioners, is there any drug or combination of drugs which would have put a stop to these convulsions, or is there any treatment short of instrumental delivery, which it would have been wise to adopt?

Digitized by Google

What about the etiology and the pathology of eclampsia?

The morphia in gr. ½ doses, seemed to control the convulsions for two or three hours, but would I be justified in giving morphine empirically every two hours, with scanty urine loaded with albumen? I thought of pilocarpine and had it with me in tablet. Did any of THE WORLD'S readers ever use pilocarpine in eclampsia? On theoretical grounds I believe it would act well. If I have another case similar to case 3, I believe I shall try a combination of pilocarpine gr. ¼ and morphiæ sulph. gr. ½, and repeat as often as I find marked symptoms of approaching convulsions.

What is the opinion of the profession on this subject? Come! let us hear from you on a morbid condition which is one of the most serious and critical with which we have to contend.

By the way, what do you think would be a fair charge for attendance on this case from 6 A. M. on 26th, to 6 A. M. on the 27th, neglecting all other patients? What would brother McShane charge? MATTER-OF-FACT.

Olla Podrida.

EDITOR MEDICAL WORLD:

I hope that by your additional distribution of 60,000 copies you may receive new subscribers by the thousand, and feel justified in sending us bi-monthly issues. We need a medical feast that often, and are willing to pay more for it.

I can report from this quarter almost an epidemic of typhoid fever. I have had many cases this fall—could not recall the exact number—nearly half a hundred, and at the present writing have not lost a single case. I have met with all the complications found in the course—hemorrhage, pneumonia, laryngeal ulcers, etc. For hemorrhage I have given ergot, and tannic or gallic acid. For a case of suddenly developed pneumonia that came on so quickly—the difficult breathing—that the parents thought the child dying (and came running after me), I gave ammonia carbonnate, five grains, and six-year-old whisky, two teaspoonfuls every hour. At 3 P. M., temperature 105 1-2 degrees. At 8 P. M., 102. Continued the same treatment, only at more lengthy intervals for four days. Patient recovered. In most of my cases I have only given something like the following:

Acid nitro mur. dil.,	
Tinct. digitalis,	
Tinct. cinchoniæ comp.,	āā f ʒ ijss
Pepsinæ,	ʒ ij
Syr. simp.,	
Aquæ, āā ad.,	ʒ ij

M. S. ʒ j four times a day, after takin milk.

I give digitalis to carry from the body waste elements which otherwise would be retained in the tissues, and cause increase of the fever. Occasionally, for a day, I give potassa acetate. The pulse usually keeps strong throughout the course with this heart tonic. I regret very much that I tried O. P. Schultz's method, last fall, by giving large doses of quinine, and lost both cases in which I used it. The doctor who actively medicates typhoid fever will have the usual degree of mortality. In a case of typhlitis lately, I gave morphine in sufficient quantities to keep down all pain, and magnesia sulphate ʒ ss every six hours; with poultices, rest in bed, and the right leg raised on pillows. The passages came regularly in four days, and the patient was up in ten days; the swelling and hardness disappeared rapidly after the bowels moved. In cases of labor I do not hesitate to use the forceps after waiting a few hours, if there has been good progress made. By using antiseptics and judgment everything will be all right. I do not take off the forceps until the head is delivered, but use them to pull the head firmly forward against the pubes. Were I to choose between forceps and other methods of trying to support and save the perineum, I should apply the forceps before the head reached it. I never saw a perineum torn with them, and have without them. Biniodide of mercury is my choice of all antiseptics. Whether it is a retained placenta after abortion, or a neglected case of midwifery, everything can soon be made as sweet as a peach orchard. Yet all, or most all, of these new remedies come, and meet our ideal for a time, but do not stay. All are not of equal value; we regret to-morrow what we applaud to-day.

Kerkhoven, Minnesota. E. B. CRONE.

Epidemics:—Their Cause and Treatment.

Editor MEDICAL WORLD:

Sixteen chemical elements compose the human body. The four chief ones, Oxygen, Hydrogen, Nitrogen and Carbon, make up 97 per cent. of it. The O.H.N. combinations are characterized by mobility, elasticity, and by possessing great atomic heat. C.H.N. are limited and feeble in their affinities and chemical relations. C. has the greatest atomic cohesion. O. is remarkable for the variety and intensity of its combinations and also for its chemical activity.

The blood is the great alkaline reservoir, and the glands the acid producers. All the glandular excretions can, and most of them do result in acid reaction: and the emunctories of the body, as the lungs, skin, kidneys and bowels, are the channels by which the excess of free

Digitized by Google

acid, beyond normal, is removed from the system. "Static or Frictional" electricity which Franklin proved to be the same as the terrestrial, is unaffected by *dry* air, but *moist* air and *acids* readily abstract it. Our electricity is the same in kind, and unquestionably governs the chemical processes of life and nutrition.

According to the degree of moisture in the air, the normal balance of vital electricity is in an equal ratio disturbed, and its quantity reduced by conduction quicker than it can be replaced, and after awhile the nerve centres fail in their energy and vital function is weakened.

Nature, however, by her inherent reactive processes, sets the glands actively to work to reproduce the acid elements by which she may regenerate and retain her normal electric balance. In doing this, she develops an excess of acid, which the now overtaxed glands cannot remove, and thereby initiates congestive states, first in the stomach and next in the bronchi and lungs. These congestive states are always due to an excess of acid in the system, which becomes organized or chemically combined in the venous circulation, by having been absorbed by the veins and capillaries from the mucous surfaces. This condition originates pathological glandular secretions with severe dyspepsia, followed by one or more of the "ills which flesh is heir to."

Although in modified form and intensity, these states may at any time arise from indiscretions and imperfect removal of the effete elements of the body, yet there are two periods of the year, the Spring and Fall, when these devitalizing influences are especially and overwhelmingly active, and frequently originate endemics and epidemics.

In the Fall, plant life is either dying or dead, and can no longer absorb the carbonic acid gas given off by animal life, or decompose it, so as to restore to the air the free ozone. The oxygen which sustains life is not that composing the atmosphere, but a free quantity distributed in it; so that this life-sustaining free oxygen (or ozone, which is three times more chemically powerful than oxygen) by its union with carbon, as carbonic acid gas, becomes not only unfit for respiration but a new disease producing force; first by its unfitness for life, and then by its increasing the activity of the moisture in abstracting our electricity.

Another factor at this season plays an important part against animal life, and that is the reduction in the quantity and quality of sunlight. This deficiency greatly depresses the function of the nerve centres and tissues, and thus lowers vitality considerably.

In the Spring the sunlight is increased and the nerve centres and tissues thereby stimulated; moisture is also greatly increased, and thus between these two forces our electricity in its production and abstraction is tolerably balanced; but ozone (O_3) is still deficient, both from its union with carbon, and by its mechanical dilution with moisture, so that each inspired volume of air is lessened in its chemical and vital quality. Thus, we have increased vital stimulus with deficient restorative and sustaining elements, so that blood diseases with loss of tissue, nervous prostration and exhaustion, characterize this period.

The prevailing conditions of these two seasons possess in themselves all the baneful influences for the production of wide-spread and malignant diseases, but when we add to them the indiscretions of human life with its dyscrasiæ and diatheses, we find no difficulty in accounting for the causes of endemics and epidemics. *Cold* moist air will induce internal and serous congestions, due to paralysis of the cutaneous arterioles, by which the heat of the blood is rapidly carried off while the vital electricity is being reduced. *Warm* moist air will lead to congestion of the mucous and cutaneous surfaces, due to confined body heat with increased loss of electricity and diminished production.

Wind or calm will of course modify these conditions, as also the degree of temperature, either by aggravating or reducing the effects.

Thus we see that in the Fall there is lowered function generally, with blood deterioration and denutrition of tissues; therefore, stimulants to nerve and vascular centres, with free elimination of waste, and general tonics should be exhibited. In the Spring there is increased nerve and gland function tending to exhaustion, with excess of waste and blood impoverishment; therefore, alteratives with blood and bitter tonics and eliminants should be exhibited. The best mineral blood tonic at these periods, is *Copper*. If finely powdered it takes up when ingested more ozone from the inspired air than does the blood, and imparts it to the blood. Ozone is not found in the usual quantity in places which are affected by cholera, or in which the atmospheric electricity is negative. It is at all times a most valuable remedy in anæmia with great loss of flesh.

It is a fact, worthy of note, that during endemics and epidemics a single drug will often prove curative; but then, as at all times and in any disease, the system must be prepared for its specific action, by first reducing the temperature and pulse, neutralizing acids, and unloading the stomach and bowels, if oppressed.

Balto., Md. DR. C. COLEMAN BENSON.

Digitized by Google

are "working notes," of the experiments we make with every novelty which comes to us. We give these things a fair trial, and if any appear to be of value, we tell you about it. It must be understood that these are not the results of years of experiment, but simply what we have called them, "working notes." Of course, the primary object is to introduce the reader and the advertiser, but we do not confine ourselves strictly to our own patrons, but recommend other articles if we think they deserve our good words. And we never recommend an article or a firm which we do not ourselves believe to be worthy your attention. Further than this, we can only say, "Try them and see for yourself".—W. F. W.]

Palmer' Cough Balsam.

64x

℞ Ext. asclepiatis tuberosæ, fl.....
Ext. piscidiæ erythrinæ, fl.....
Tinct. lobeliæ inflatæ.....
Glycerin.....āā part. æq.

M. S.—Ten drops to a teaspoonful every half hour, to three times daily. The small and frequent doses are preferred.

Tumor of the Cord.

Editor MEDICAL WORLD:

I have been in practice but four years, and yet have met with a complication of labor concerning which I have heard but little in the journals or text books. It was a tumor of the cord, about two-thirds the size of the child's head. I would like to hear from the brotherhood with regard to the frequency of tumors of the cord. W. E. McCHESNEY, M.D.

Barkers, N. Y.

Editor MEDICAL WORLD:

I have a lady patient who appears to be in good health, but complains of a tingling and prickling sensation of the flesh on retiring at night. What is the cause and remedy for the same?

Can you or any of the numerous subscribers give the formula for Wolcott's Pain Paint?

May the year 1887 be a prosperous one to THE MEDICAL WORLD.

Starrucca, Pa. J. C. BATESON, M D.

65

[Such sensations are common in plethoric persons, and are best relieved by a dose of Carlsbad salts before breakfast, and an occasional pill of rhubarb and aloes. In this season, also, thin-skinned persons who are exposed to the cold frequently suffer greatly from burning sensations when they get warm in bed. This may be remedied by applying an ointment of suet and glycerine. The formula for Wolcott's Pain Paint was published in the JANUARY number.—W.]

Editor MEDICAL WORLD:

Please procure for me the recipe for a preparation known as Dermatine, manufactured at Zanesville, O., by Nye Brothers?

If necessary, I will send a sample of it.

Spencerville, O. J. R. WELCH.

Editor MEDICAL WORLD:

One of my lady patients was six months ago very corpulent, and she sent to London for F. C. Russell's Anti Corpulent Preparation, and it has worked O. K.

Do you know and can you tell me what it is, and what is the formula? If you cannot tell will you analyze and publish in THE MEDICAL WORLD, and how much of the liquid shall I send you if you analyze?

DR. A. W. TRUMAN.

[We do not know what the preparation is composed of, nor is it of the least consequence, for if the rules laid down in Russell's circular are followed strictly the weight will be certainly reduced if you only give aqua pura. The scheme is simply to reduce the weight by diet and claim the credit for the medicine given. —W.]

Editor MEDICAL WORLD:

Can you give the formula for the Rose Jelly, put up by the Manufacturing Co., New Midway, Federal Co., Md., F. C. Benner, proprietor?

S. Woodbury, Vt. DR. GEO. LANCE.

Editor MEDICAL WORLD:

Will you or one of your readers, in a coming issue of your journal, give the formula for "Indian Blood Syrup?" By so doing you will greatly oblige, yours,

Nova Scotia. C. P. S.

Editor MEDICAL WORLD:

Can you inform me as to the composition of "Golden Specific," manufactured by the Golden Specific Co., of Cincinnati, O.?

Orrville, O. S. P. GUILL, M. D.

Editor MEDICAL WORLD:

Will some of your readers kindly give formula for the Grœfrenberg Co.'s Marshall's Uterine Catholicon, and oblige a reader of THE WORLD?

Albany, Oregon. G. W. Maston, M. D

Editor MEDICAL WORLD:

Find enclosed 35 cents; please send me the binder. I am simply infatuated with THE WORLD and consider it the best medical journal I ever read. E. K. BAILEY, M. D.

Shenandoah, Iowa.

Digitized by Google

Carl L. Jensen

Sole Originator of

Pepsin in Scales

OR

"Crystal" Pepsin

2039 Green St.
Philadelphia

Special Notice to Physicians.

Physicians desirous of obtaining the genuine article, when prescribing Scale Pepsin or "Cryst." Pepsin, will not alone lend their aid and encouragement to the inventor, but will benefit themselves and patients as well by simply prescribing this Pepsin thus: "Jensen's Pepsin," drawing a heavy line under the name "Jensen."

The profession generally takes it for granted that druggists are well aware that the physicians never intended to prescribe the imitations of preparations of established merits, which are brought to light solely through the knowledge and technicalities of the inventor or originator, acquired by protracted study and experiments. Imitations have never yet been known to supersede the article imitated, but furnish most convincing testimony to the worth of the article counterfeited. I am continually improving this valuable preparation. Besides its enormous digestive strength, it possesses a keeping quality not before found in any Pepsin preparation, owing to its being of a brittle, scaly texture, reduced to the shape of small granular fragments, it is perfectly soluble and pulverizes easily. It contains no foreign matter like preparations of other make, as Pepsin Manufacturers, heretofore, could not accomplish this without adding large quantities of either starch or sugar of milk.

Physicians who have not yet tried this preparation, or who have been imposed upon, will meet with gratifying results by simply prescribing this Pepsin, thus: "Jensen's Pepsin," as it will prevent substitutions.

Samples promptly forwarded, post paid.

Faithfully,
CARL L. JENSEN,
2039 Green St., Philadelphia.

Digitized by Google

"MANUAL OF TREATMENT"

What is Thought of the "Manual of Treatment."

There is a degree of utility in books of this kind when properly used, which some in the profession have not been inclined to recognize. They enable the physician to see at a glance what the suggestions toward treatment have been by a number of leading practitioners, and this is a good deal for him to gain.—*Med. and Surg. Reporter.*

This is a careful compilation of the opinions of a large number of different authors, teachers and practitioners upon the various diseases treated upon. The book shows great painstaking and an enormous amount of labor, and we feel satisfied will find ready appreciation at the hands of the physician, more especially the general practitioner.—*Medical Register.*

A Specimen.

I have purchased one of your books, entitled "Manual of Treatment," and think it is just the thing for the busy physician, who wants an idea and wants it quick, it being indexed so that it is no trouble to find anything pertaining to treatment in short order, and with many new remedies. I can cheerfully recommend it to the medical profession as a valuable book of reference.

Danville, Ind. M. G. PARKER, M.D.

Editor MEDICAL WORLD:

Allow me to again congratulate you upon the interesting and successful arrangement of the contents of THE MEDICAL WORLD. I watch for each successive number with an anxiety akin to the boy who watches, reads and becomes infatuated with the "Continued in our next," or the Dime Novel. The "Editorials" are spicy. The "Current Medical Thought" is selected with care. The "Original Communications," as a general thing, suggest some new treatment for unusual and interesting cases. The "Quiz Column" is pointed, and is a source of "Laugh and grow fat" to me, and while most of the questions are proper ones, some remind the reader of the antiquated saying that "a fool can ask a question but it takes a wise man to answer it," and the "Formulæ," as a rule, are the best and latest.

Portland, Ind. R. P. DAVIS.

Editor MEDICAL WORLD:

Your journal deserves in a high degree the popularity it enjoys. It offers more than ample return for the small subscription price, and its thorough practical character distinguishes it favorably from many of the leading medical monthlies which abound in long spun theories and hypothesis, but are exceedingly meagre in facts allowing a practical application.

Just received the March number of THE WORLD, which, besides its usual taste and varied amount of useful information, contains a few hints or suggestions which I most cordially endorse. I allude to the *self-dispensing* of medicine by the general practitioner. Besides the advantages enumerated in your article, it would recommend itself as a matter of self-protection and retribution against the all-monopolizing practices of a certain class of druggists.

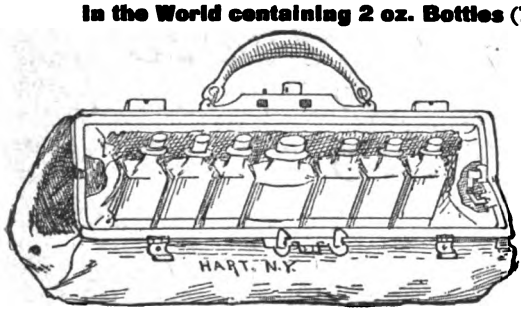
Glad you will add a department for electro-therapeutics to your already excellent journal. This feature will certainly meet the approbation of the larger part of your readers, and will especially be appreciated by those who have learned to value this powerful agent in cases that have resisted the ordinary treatment, while for beginners and such practitioners as never took the trouble or would condescend to give electricity, in its various forms, an exhaustive trial—it will create at least a desire to try it. In a practice of twenty years I have, to a certain extent, cultivated this branch of the healing art, and will be pleased to send you presently a few contributions to illustrate the usefulness of electro-magnetism and galvanism, if properly and sincerely applied.

Alleghany, Pa. A. ZIEGLER.

THE ONLY

GYNÆCOLOGICAL AND OBSTETRICAL BAG

In the World containing 2 oz. Bottles (7) thoroughly protected from breaking



on sides and bottom. Chamois lined. Made of best grained leather. Pat. brace to hold bag open. Pat. catches. Round handle. Long pocket on opposite side, $4.50 net. Takes forceps 15½ in. long. Extra size holding forceps 16½ in. long $5.00 net. The *ONLY MEDICINE BAG* in the world with trays for $7.00, holding 32 ozs. of medicines, the contents of which can be shifted by an unlimited number of changes. It is also the most durable bag made.

A. HENRI HART,
Price-List Free. 158 EAST 26th STREET, NEW YORK

DR. LIEBREICH'S LANOLINE;

A NEW BASE FOR OINTMENTS AND SALVES.

U. S. Patent, No. 271,192. Dated, January 23d, 1883.

Beware of a crude woolfat of bad odor and of a dark color sold as Lanolin, and under similar names.

LUTZ & MOVIUS, Sole Agents,
15 Warren St., NEW YORK.

Dr. KNORR'S ANTIPYRINE,
The New Febrifuge.

URETHAN,
The New Hypnotic.

—SEND FOR CIRCULAR.—

Digitized by Google

and do not seem to get out. Have a case of lung trouble, which (although the lungs are very much improved) has developed into a so far intractable case of sore throat. There is ulceration on the vocal cords, also the arytenoid cartilages; the entire cavity back of uvula is very angry in appearance. So far have been unable to give anything to afford relief even, to say nothing of cure. Can you help me out? Have tried what I thought was the best for the case, but it goes wide of the mark. H. K. E.

Editor MEDICAL WORLD:

You advertise "Levis' Metallic Splints" in your publication. Can you recommend them from your own knowledge, or from the unbiased judgment of good judges? Is the manufacturer reliable?

Lysander, N. Y. F. P. SINCLAIR, M. D.

[We can recommend the splints from personal experience in their use; and from years of dealing with the manufacturer, can indorse him as thoroughly reliable in every respect. —W. F. W.]

Bergeon's Method.

Editor MEDICAL WORLD:

Will you kindly publish all you can learn about the use of carbonic acid gas injections for the cure of phthisis, as practised by one of the physicians in the University of Lyons, France? Also by Dr. McLaughlin, of Philadelphia.

Brooklyn, N. Y. C. A. WALTERS, M.D.

[See Current Medical Thought of this month.]

Editor MEDICAL WORLD:

Please inform me in the next issue of THE WORLD your treatment for inflammatory rheumatism. I have a bad case on hand at present. I have used sodii salicylat. alone, as well as combined with potass. iodide and vinum colchici. The condition of patient is not very much improved. I have also used a variety of liniments. If you can recommend any better line of treatment please do so in the April number.

Monticello, Mo. A SUBSCRIBER.

[We begin by giving an ounce of Rochelle salts, followed by carbonate of potash enough to render the urine alkaline; which may require an ounce in the first twenty-four hours. If the fever be high or the sick person impatient, we give two drachms each of salicylic acid and bicarbonate of soda each day (in divided doses) until the fever breaks. If the case prove obstinate, we resort to iodide of potassium in doses of one drachm daily, and persist in its use. Clothe the patient in wool throughout, nourish well, see to the hygiene of house and sick-room, avoid liniments and stick to your treatment. Don't change too quickly, for some cases require time. Lemon juice sometimes helps in obstinate cases. You ought to have our Manual, which contains the treatment of Senator, Lebert, Fuller, Skoda, Davies, Kunze, Wunderlich, Niemeyer, Longstreth, Da Costa, Maclagan, Garrod and Reynolds, besides our own. —W. F. W.]

Editor MEDICAL WORLD:

Is the formula for "Sanford's Liver Invigorator" known? If so will you please publish it or let me know by return mail how I can obtain it? G. T. SCOTT, M. D.

Roxbury, N. Y.

[We have had several inquiries for this formula, but do not know it. Simmons' is supposed to be the same, and has been given by us repeatedly.—ED]

Editor MEDICAL WORLD:

In April number received to-day, I notice inquiry as to explosive mixtures and reference made to January number: 1. Can any of these or any other chemicals be made into a sufficiently strong solution that, when two or more of them are thrown together, they will explode or generate a gas of strong explosive power? 2. Can you give us in next number of MEDICAL WORLD the manner or mode of preparing the gas used by Dr. S. M. McLaughlin, in his consumptive patients at the Philadelphia Hospital? 3. Would it be of any benefit to try same on diabetic patients? R. J. CLARK.

Chestnut Level, Pa.

[1. Try them and see.

2. Place in a glass flask a little marble dust and water. Have a glass tube leading down to the bottom of the flask, and in this drop a little sulphuric acid. The flask must be connected with a suitable receptacle to receive the gas, which is given off the moment the acid begins to act on the marble dust.

3. Try it. —W. F. W.]

Re-opening of an Old Wound.

Editor MEDICAL WORLD:

Five months ago an Indian had his leg amputated above the knee. There is now a large ulcer on the thigh, four inches in diameter, which absolutely refuses to heal, but continues to discharge pus and blood. It shows a tendency to enlarge itself along an old cicatrix.

I would gladly receive any hints from your contributors.

S. M. WALLER, H. S., Mounted Police.

Prince Albert, Sask., N. W. T., D. C.

Digitized by Google

Dr. B. F. Records would probably relieve his patient suffering from obstinate pruritus, by the local application of menthol oleate (ʒ iij to ʒ ss), as a paint, combined with the internal administration of small repeated doses of colchicum. At least this has proved successful in a similar case under my own care.

800 Corinthian Ave. LOUIS LEWIS, M. D.

Editor MEDICAL WORLD:

(1) Will you please inform me if there is anything reliable in regard to treatment of phthisis by rectal inflation with gases? If there is, please let us hear particulars of process of preparing, etc., in your next issue of THE WORLD.

(2) Will you be kind enough to inform me the address of some lady physician in Philadelphia, who makes a specialty of uterine trouble, as I have a patient who objects to my operating, or any male physician?

Chincoteague Isle, Vir. R. W. WHITE, M. D.

(1) See Current Medical Thought.

(2) Mrs. Ellen C. Brensinger, M. D., Medico-Chirurgical College, Phila.—W. F. W.

To Dr. Browne.

Editor MEDICAL WORLD:

If Dr. Browne of Milwaukee will use a reliable preparation of thuja (tinct. or fld. ext.), and glycerine equal parts, as a topical application to the urethral caruncle that is troubling his patient—applying lightly to the caruncle once daily—and at the same time give thuja $\frac{1}{10}$ drop doses internally, three times a day, he may see the thing leave permanently.

Valparaiso, Ind. M. F. S.

Urticaria.

Editor MEDICAL WORLD:

Would you, or some of the household, be kind enough to give me through the columns of THE WORLD, the best treatment for a case of *urticaria* of eighteen months standing? Mrs. J—, aged 27. The case seems to resist all the usual remedies in my hands, and if there is anything good known in the brotherhood, please communicate it to me and oblige,

Onset, Ark. CHARLES NEWTON, M.D.

[The cause is usually to be found in the diet, and must be first removed. Avoid over-heating, immoderate use of drinks, or hot food in large amounts, and regulate the menstrual functions. Forbid the use of soap, and substitute borax as a detergent. If this be insufficient, we would try a lotion of hyposulphite of soda.—W. F. W.]

FORMULAS.

For Epilepsy.

℞ Potassii bromidi,.....ʒ jss
Syr. hypophosp. comp.....fʒ iv
(without strychnine.)
Lig. potassæ arsenitis.....gtt. lx
Aq. menthæ pip. q. s. ad.....fʒ vj
M. S.—fʒ ij thrice daily. C. H. HUGHES.

For Sick Headache.

℞ Sodæ salicylat.....fʒ j
Aq. camphoræ,.....fʒ ij
M. S.—fʒ ss every three hours.
OELSCHAGER, in *Gazette Médical.*

For Anasarca.

Ol. terebinthinæ,.....fʒ iss
Succi limonis,.....fʒ j
Vini albi,.....fʒ iv
M. S.—fʒ ij twice a day.
CAZIN, in *Gazette Médical.*

For Enlarged Glands.

℞ Hydrargyri oxid. flav.,.....gr. xij
Adipis,.....ʒ iij
Lanolinæ,.....ʒ x
M. ft. ung.
S.—Apply four times a day. *Gazette Médical.*

For Chronic Bronchitis.

℞ Acidi phenici,.....gr. v
Ammoniaci,.....gr. vj
Aquæ.....ɱ x
Alcohol,.....ɱ v
M. S.—For inhalation.
HEGAR, in *Gazette Médical.*

Paste for Eczema.

℞ Zinci oxid.,.....
Amyli,.....āā ʒ vj-gr-xv
Acidi salicylici,.....ʒ ss
Vaselinæ,.....ʒ jss-ʒ ss
M. S.—Apply on going to bed, changing as necessary. *Le Courrier Médical.*

Cigarettes for Asthma.

℞ Ext. stramonii,.....gr. lxxv
Alcohol, (40°).....ʒ jss-ʒ ss
Tabac. fol.,.....ʒ iij-ʒ j
Potassii iodid.,.....
Potassæ nitrat.,.....āā gr. lxxv
M. Div. in cigarettæ no C.
S.—As needed.
Le Courrier Médical.

For Dr. Scruggs' Case of Eczema.

℞ Thymol.,.....ʒ i-ʒ ii
Chloroformi,.....ʒ i
Ol. olivæ ad.....ʒ iv
M. S.—Local application.
The bottle to be well corked to prevent the evaporation of the chloroform. EBEN B. KIRK, M. D.

Digitized by Google

One of Germain Sèe's.

℞ Tinct. conii,.....
Tinct. hyoscyami,.....
Ol. anisi,.....āā f℥ ij
Tinct. gentianæ,.....f℥ j
M. S.—10 to 30 drops after meals, to relieve pain in gastric cancer. *Weekly Medical Review.*

For Toothache.

℞ Camphoræ.....℥ j
Chloral hydrat.,.....℥ j
Cocainæ muriat., ...gr. xij
On heating to the boiling point of water, an oily liquid is formed. This is to be applied lightly.
Amer. Pract. and News.

For Falling Hair and Dandruff.

℞ Borax,.....parts		15
Glycerine,.....	"	30
Decoction of soap bark,.....	"	50
Bay rum,.....	"	10
Water, to make.....	"	300

Apply at bedtime, with pretty stiff brush.
In the morning apply—

℞ Tannin,.....parts		2
Tinct. cantharides,.....	"	5
Balsam Peru,.....	"	5
Expressed oil of mace,.....	"	3
Vaseline,.....	"	50

Essence of lemon and bergamot to perfume.
Dissolve the vaseline with gentle heat, add the oil of mace; mix the tannin, tincture, balsam and perfume, and stir into the fat as it cools. *Medical Register.*

Hager's Catarrh Remedy.

℞ Acidi carbolici,.....parts		10
Alcohol,.....	"	10
Aq. ammoniæ,.....	"	12
Aq. destillat.,.....	"	20

M. S.—Fill a two-ounce bottle to one-third with this mixture, then introduce cotton enough to soak up the liquid.
For coryza, etc.; to be used by inhaling the fumes.
Therap. Gazette.

For Toothache.

℞ Acidi carbolici,.....℥ v
Camphoræ,.....℥ j
Ol. sassafras,.....
Ol. caryophylli,.....āā f℥ ss
Chloroformi,.....℥ j
M. S.—Moisten cotton with this, insert in cavity of tooth, and rub on gums if necessary. *Formulary.*

For Urticaria.

℞ Potassæ nitratis,.....℥ j
Decoct. hordei,.....℧ ij
M. S.—To be taken during one day.
YVAREN, in *Gazette Médical.*

For Infant's Colic.

℞ Ol. terebinthinæ,.....f℥ j
Chloroformi,..... gtt. x
Sodæ bicarb.,.....gr. x
Mucilag. acaciæ ad.....f℥ iij
M. S.—f℥ j every two or three hours, for a child six months old. BEDFORD BROWN.

REVIEWS.

OXYGEN IN THERAPEUTICS. By C. E. Ehinger, M. D. Published by W. A. Chatterton & Co., Chicago. 12 mo. Pp. 157. $1.

This is a hand-book on oxygen, giving information as to the construction and operation of the apparatus necessary to prepare and administer this and other gases. The details of a number of cases are given.

THE MEDICAL STANDARD is a new Chicago monthly, published by G. P. Engelhard & Co.

The only fault we have to find with it is that it does not give the name of the editor who does his work so well.

GRANULAR LIDS AND CONTAGIOUS OPHTHALMIA. By W. Mittendorf, M. D.

ON THE DETERMINATION OF THE NECESSITY OF WEARING GLASSES. By D. B. St. John Roosa, M. D.

These two monographs are part of the series entitled The Physician's Leisure Library, published by Geo. S. Davis, of Detroit. Price 25c. each. We really cannot see how physicians can afford to be without these two books. There is a great deal of "experience" epitomized in Roosa's book; while Mittendorf's gives the latest teaching on a subject which no practitioner, be he specialist or not, can afford to neglect.

INDIGESTION. By J. B. Gill, M. D. Published by P. Blakiston, Son & Co., Philadelphia. Third ed. 12 mo. 232 pp.

The author is a crank. He has views of his own on every subject he touches. His directions are fanciful in their minuteness; and his fondness for pie-crust and preserves as a dyspeptic diet is calculated to strike one dumb. But we doubt if there are many works on the subject as instructive; while there are none whose style is as simple and graphic. His manner of dealing with each case singly, and not as one of a class, is worthy of special commendation. No physician could open this book at random without having his attention attracted to something of interest to him.

QUIZ COMPENDIUM ON OBSTETRICS. By H. E. Landis A. M., M. D. Published by P. Blakiston, Son & Co., Philadelphia. Third ed. 12mo. 118 pp. Price $1.

The present edition is revised and brought down to date. It is a useful little book, not only to students, but to practitioners who desire to compare the teaching of the present with their recollection of student days.

SYMPTOMATIC INDICATIONS. By J. C. Kilgour, M. D. New Richmond, Ohio. Published by the Author. 18 mo. pp. 139. Price $1.

THE INCREASED EFFICACY OF MASSAGE IN COMBINATION WITH THE ELECTRO-VAPOR BATH. By F. E. Stewart, M. D., Ph. G., Wilmington, Del. Reprint from the Medical Register.

THE CURABILITY OF EPILEPSY, &C., BY GALVANISM AND THE PHOSPHATED AND ARSENIATED BROMIDES. By C. H. Hughes, M. D., St. Louis, Mo. Reprint from the *The Alienist* and *Neurologist.*

ORTHOPÆDIC NOTES; with Report of Interesting cases treated at the Surgical Institute, Philadelphia. By J. G. Allen, M. D., Surgeon in charge.

PERIOSTITIS. By N. Senn, M. D., Milwaukee, Wis. Reprint from *Phila. Med. Times.*

EXPERIMENTELLER BEITRAG zur Wirkung und therapeutischen Anwendung der Amara und der Galle. Von Doc. W. Jaworski, Krakau, (Austria.)

Digitized by Google

THE ARMAMENTARIUM FOR THE TREATMENT OF URETHRAL STRICTURES BY ELECTROLYSIS, with a resumé of the Operation. By Robert Newman, M. D., 68 W. 35th Street, New York.

This is Prof. Newman's modest way of describing a great operation, which has been developed and perfected by himself. It will save a great deal of suffering, and should be thoroughly known by evrey man who desires to be skillful in urethral surgery.

FOLLICULAR AMYGDALITIS. By A. Jacobi, M. D., New York. Reprint from the *Medical Record.*

RESEARCHES INTO THE ETIOLOGY OF DENGUE. By J. W. McLaughlin, M. D., of Austin, Texas. Reprint from *Jour. Am. Med. Asso.*

This little reprint makes us regret that the author could not complete his investigations.

A SUCCESSFUL CASE OF PARTIAL EXCISION OF THE LARYNX. By Lennox Brown, F. R. C. S. Ed., London, England.

ON THE GONOCOCCUS, and Roux's Method of confirming its Identity. By C. W. Allen, M. D. Reprint from *Jour. Cutan and Gen. Urin. Dis.*

TREATMENT OF DYSPEPSIA by the Alkaline Waters of St. Jean. Société Générale des Eaux Minérales de Vals. France.

REPORT OF 261 CASES OF CATARACT EXTRACTION. By Geo. Strawbridge, M. D., Philadelphia.

STATE BOARD OF HEALTH Bulletins of Tennessee. The Supplement for January contains an interesting paper on the climate of the mountainous regions of East Tennessee, as regards hay fever, by D. F. Wright, M. D.

VESICAL IRRITATION IN WOMEN. By Virgil O. Hardon, M. D., Atlanta, Ga.

These reprints are of great value to those who desire to keep up with all the recent additions to therapeutic methods. The pamphlet before us is by an energetic worker, who gives us a good paper.

Editor MEDICAL WORLD:

With inexpressible gratitude I receive THE WORLD and pore over its pages with a relish not experienced from any other periodical; as the articles are concise, instructive and interesting. The substance in a nutshell, in common parlance, and should ever be gratefully received by the profession on account of your laborious undertaking to disseminate knowledge, and permitting our fellow-physicians to converse, counsel and advise through its pages.

Pittsburgh, Pa. W. N. MILLER, M.D.

The New Official Formulæ.

The continued demand for our "Official Formulæ of American Hospitals" has made it necessary for us to get out still another edition. We took this occasion to add an appendix, composed of selections from the new Hospital Formulary of the Department of Public Charities and Correction of the city of New York, published for the use of the physicians of the department. We have selected 57 of the best of these prescriptions, such as Dr. Fordyce Barker's post-partum pills, glue burn mixture, Morell's embalming liquid, etc. Estimating the value of these 57 new prescriptions at two cents each, $1.14, more than the price of the entire book, which is now brought up to a total of 272 pages. The binders have made a special effort on this new edition, furnishing fine, silk-finish black cloth, strong boards, and doing the work with neatness and taste. The price of the book remains at one dollar. See order-blank on last page.

ANNOUNCEMENT.

Dr. Lewis' Chart of Skin Diseases is completed, but without plates. We immediately filled the many orders that had accumulated, and sent the following communication, which is self-explanatory, with each chart:

DEAR DOCTOR:

When the Chart of Skin Diseases was first announced, we expected to add a colored plate for each disease. This, for many reasons, has been found impracticable.

First. In all the illustrated works on skin diseases that we can collect, we can find satisfactory typical cases of only about one-half of the diseases mentioned on the chart; and for us to collect the remainder from life would keep you waiting too long for your chart.

Second. We find that the space we could allow to each plate would be much too small to be of service, unless the chart were made so large in size as to destroy its usefulness as an article of convenience, and make it altogether undesirable.

Fearing that some might be disappointed, we have given greater attention to the text, procured the best ledger paper, had the chart mounted on rollers, and reduced the price to 50 cts., but believing still that it is worth $1, the price originally intended.

Those who have sent $1 for the chart may have the extra 50 cts. applied on our "Manual of Treatment," which is now ready and much admired, or the "Official Formulæ of American Hospitals," a new edition of which, with a valuable appendix, has just been completed, or any other article mentioned in Order Blank on last page of April WORLD; or can have 50 cts. added to their subscription to THE MEDICAL WORLD.

We trust that this will be even more than satisfactory; but if any should desire the 50 cts. returned, we are entirely willing to do so.

We contemplate the preparation of a series of colored lithographic plates of adequate size to illustrate each disease well, and bound conveniently for carrying in the pocket, if desired, and numbered and arranged so as to correspond with the chart. But we can now give no intelligent idea as to when such work will be completed.

Very truly yours,

C. F. TAYLOR.

We are in daily receipt of replies to the above, of which the following are a few samples, representing the South, West and New England:

Dr. J. H. Benton, of Newton Grove, North Carolina, writes: "The Chart of Skin Diseases, for which I sent you one dollar, was received this P. M. It merits the approval of the busy practitioner, even without the colored plates. The extra fifty cents you will please add to my subscription to THE MEDICAL WORLD."

Dr. H. M. Baldt, of Kaskaskia, Ill., writes: "My Chart of Skin Diseases received, and am well pleased with it at the price of $1.00; but as you are so liberal, send me a WORLD Binder and all will be satisfactory. THE WORLD is the best journal in the U. S."

Dr. C. D. Alton, of Hartford, Conn., writes: "The Skin Chart is at hand, and it is well worth the dollar charged. Please do not let the extra fifty cents trouble your conscience, for THE WORLD more than fulfils its agreement every month."

When I receive your excellent little journal I am almost deaf to everything around me until I have examined and read its pages. It is full of interest to every physician. Long may it live and prosper.

Keedysville, Md. W. M. NIHISER, M.D.

Digitized by Google

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.
These rates must be paid *invariably in advance.*

Notice is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

☞ Pay no money to agents for this journal unless publisher's receipt is given.

C. F. TAYLOR, M. D.,
W. F. WAUGH, A. M., M. D.,
LOUIS LEWIS, M. D., M. R. C. S., (Eng.) } EDITORS.

ADDRESS ALL COMMUNICATIONS TO
"THE MEDICAL WORLD,"
1320 Chestnut Street,
PHILADELPHIA, PA.

VOL. V JUNE, 1887. No. 6.

New Methods of Treating Phthisis.

The interest in Bergeon's method of treating phthisis continues to increase. Bruen has put himself on record in its favor, in a paper which gives the following as his conclusions:

1. In most cases there is permanent reduction in the fever, suspension of night-sweats, less cough and expectoration, and sometimes disappearance of all physical signs of bronchial catarrh.

2. During the administration of the gas the pulse falls twenty beats and the fever half a degree.

3. The amount of gas injected at each operation is from three to four quarts.

4. In but one case the effect was negative.

5. He attributes these effects to antisepsis. The effects seem useful rather than curative. The injections are made very slowly, from fifteen minutes to half an hour being occupied by the operation. This is repeated twice a day.

Dr. Bruen says that no injurious effects have yet been observed; but Dr. Osler states that one patient very nearly died after an injection of carbonic acid and sulphuretted hydrogen; the latter of which is poisonous, even when given by the rectum.

The formula used to supply the gas is as follows:

℞ Sodii sulphid. pur.....
Sodii chlorid.....āā gr. v
Aquæ.....f℥ xxij
M.

Through this the carbonic acid is passed, and the sulphydric acid is generated.

The instrument makers report the sale of apparatus as very large; while every day brings us letters from patients and physicians asking for information.

* * * * * * * *

Nothing has appeared since our first note concerning the treatment of phthisis by the administration of tannin. There is danger that the craze for Bergeon's method may prevent due attention being given to more valuable ideas. The hypodermic administration of drugs suspended in vaseline oil, which is exciting the greatest interest in France, has received scarcely a notice here.

* * * * * * * *

We fear that the still more recent method introduced by the Russians will share the same fate. This consists in the administration of aniline. It is based on the fact that very dilute solutions of aniline are destructive to the tubercle bacillus. It is claimed that the body can be saturated with aniline to the requisite degree.

* * * * * * * *

The great objection to all these germicidal methods is that their advocates do not appear to be cognizant of the fact that a large proportion of phthisical cases are free from bacilli.

There is nothing to be gained in the treatment of pneumonic phthisis, the so-called "fibroid lung," or "chronic consumption," by germicides, because there are no germs to "cide."

Digitized by Google

Don't promise anything from these or any other new methods. But don't be too much set against them, or your patients will set you down as an old fogy. Let them see you ever ready to give a fair trial to anything which seems worthy, without making such promises as you may not be able to fulfil.

Elephantiasis.

Two years ago we were called in consultation upon a case supposed to be eczema, but which proved to be elephantiasis.

McCall Anderson ligated the femoral artery with great benefit in a similar case. While thinking of this it suddenly struck us that an equal advantage would result from the use of a rubber bandage.

Splendid idea! Something new! Just what we'd been looking for, to make a sensation and bring ourselves before the public! The bandage was applied, and when we next heard from the lady, her message was that we might set our own price upon that bandage and she would pay the amount, but that part with it she wouldn't! Never had she obtained from any treatment such relief.

We were delighted; but just as in our youthful enthusiasm we sat down to write out the report which was to make us famous, it occurred to us that we had better look up the literature of the subject. We opened Piffard's book and there found that he had preceded us in the use of the rubber bandage. Not only that, but he too had been captivated with the novelty of the thing, only to find that a French physician had made the same discovery years before.

That brilliant paper was never written. We realized at last that there is nothing new under the sun, and are ready to swear that the first king of Egypt learned the use of the rubber bandage in elephantiasis from the Atlantidæ. We've had an innate suspicion ever since that there are other smart men in the world besides ourselves—perhaps a few who are a leetle smarter.

These Western men have a habit of flying in for a call just long enough to make us want to see more of them. In a two-minute interview with Prof. Stone, of the *Northwestern Lancet*, we managed to secure the following:

For vomiting of pregnancy give a hypodermic of cocaine, gr. ⅙, over the epigastrium.

An International Congress on Inebriety is to meet in London, on July 5th and 6th.

INDEX OF DISEASES.

In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease are given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number, 1886.—L. L.]

In compliance with the useful suggestion of Dr. W. T. Haines and others, Dr. Lewis will endeavour to enhance the value of his "Index of Diseases," in the future issues of THE WORLD, by indicating the various forms of each disease for which the prescriptions are applicable. Up to now, many formulæ have been given for each separate ailment, leaving it to the reader to adapt them to the exigencies of the occasion; but it will be undoubtedly better to give more definite directions as to the special variety and stage in which the prescriptions are recommended. This shall be done as nearly as practicable, in the future.

Hematemesis.

℞ Acidi gallici.....gr. xv
Aq. dest.....ʒ jss
M.—To be taken immediately, and repeated if necessary, in acute hematemesis.

℞ Acidi gallici.....gr. xx
Acid. sulphurici arom.....♏ xv
Tinct. cinnamomi.....ʒ jss
Aq. dest.....ʒ ij
M.—The draught, every four hours, in acute hematemesis.

℞ Acidi gallici.....gr. xij
Pulv. ipecac. co.....gr. vj
M.—The powder, night and morning, in recurrent hematemesis.

℞ Spir. terebinthinæ.....
Tinct. hamamelis.....ãã.....♏ v
M.—On sugar, every two or three hours, in recurrent hematemesis.

Ext. ergotæ liq. in two or three grain doses, hypodermatically, in acute hematemesis.

℞ Ext. ergotæ liq.....ʒ iij
Aq. cinnamomi ad.....ʒ vj
M.—Two tablespoonsful every two or three hours, in acute hematemesis.

℞ Tinct. hamamelis.....♏ xx
Aq. dest.....ʒ j
M.—One teaspoonful every two hours, in acute hematemesis.

Ice, to the epigastrium, and also internally.

℞ Liq. ferri perchloridi.....ʒ ij
Glycerini.....ʒ ij
Aq. chloroformi ad.....ʒ vj
M.—One teaspoonful thrice daily, in chronic hematemesis.

Potass. permanganat., gr. j in pill, thrice daily, in hematemesis due to vicarious menstruation.

"Reduced iron lozenges," three or four daily, in chronic hematemesis.

Digitized by Google

℞ Plumbi acetatis.....ʒ ss
Liq. morphiæ sulphat.....ʒ v
Aq. dest. ad.....ʒ ij
M.—One teaspoonful every four hours, in acute hematemesis.

Glyceriti acidi gallici; or, Glyceriti acidi tannici, of either, one teaspoonful in water, in acute or chronic hematemesis.

In the treatment of hematemesis in robust plethoric subjects, it is well to commence with an incisive dose of calomel or blue mass, followed by mineral acids.

℞ Ferri ammonio-sulph.....gr. viij
Aq. dest.....ʒ j
M.—Every six hours, in persistent hematemesis.

℞ Pulv. aluminis.....gr. x
Pulv. ipecac. co.....gr. v
M. S.—The powder, night and morning, in passive hematemesis.

℞ Pulv. ipecacuanhæ.....gr. ij
Sacch. alb.....gr. jv
M.—Every two hours, in recent acute cases.

Tinct. ferri perchloridi, ♏ xx, in water every two or three hours, in hematemesis due to gastric ulcer.

Hematuria.

Tinct. ferri perchloridi, ♏ xv, in water every four or six hours, with intermediate doses (gr. ij) of powdered ipecacuanhæ, when the kidneys are not acutely congested. Otherwise, in chronic recurrent renal hemorrhage, this treatment is frequently highly beneficial.

Very weak injections of perchloride of iron into the bladder, in vesical bleeding.

Alum injections, (gr. xx to O j water) into the bladder, useful in bleeding from mucous lining of bladder or urethra.

Inf. matico ʒ jss, four times a day, in passive hematuria.

Tinct. hamamelis, ♏ ij in water, every two or three hours, in renal bleeding.

℞ Quiniæ sulphat.....gr. xlviij
Acid. sulph. aromat.....ʒ j
Glycerini.....ʒ iij
Aq. dest. ad.....ʒ viij
M.—Two tablespoonsful three times a day, in malarial hematuria.

℞ Ext. ergotæ liq.....♏ xv
Acidi gallici.....gr. x
Aq. cassiæ.....ʒ j
M.—Twice or thrice daily.

Oil of erigeron, five drops on sugar, every six hours.

Ice bags over pubes and perineum, and ice water injections into the rectum, when the hemorrhage comes from the bladder.

Acid. sulph. arom. ♏ xx, in cinnamon water, three times daily, when the hematuria depends on zymotic disease.

℞ Pulv. ergotæ.....gr. xv
Acidi tannici.....gr. iij
Digitalini.....gr. 1-6
M.—Divide into ten pills. One every two hours.

℞ Acidi gallici.....ʒ ij
Acid. sulph. dil.....♏ xl
Aquæ.....ʒ ij
M.—One tablespoonful in water every four hours, in renal hematuria.

Gall-stones and Glycosuria.

It would seem, from recent observations, that the passage of gall-stones may be productive of sugar in the urine, probably owing to irritation and quasi-inflammation of the liver. Some cases of severe biliary colic have presented this phenomenon, with increased urinary secretion and thirst. Irritation of the central nervous system, paralysis of certain parts of the sympathetic system and certain peripheral irritation without the liver, may bring about the same results. As a rule gall-stones eventually reach their destination; but their progress is sometimes arrested, and then they may cause abscess, perforation of the gall-bladder, intermittent pyrexia, distant inflammations, hemorrhage, possibly malignant disease and glycosuria. As a rule, pain is the least grave of the symptoms of biliary colic, the accessory symptoms having a more serious significance. L. L.

Anesthetic Effects of Turpentine.

The vapor of turpentine, rapidly inhaled, produces a sleep similar to that induced by chloroform and ether, and it has been employed in emergencies as their substitute, in order to bring on a state of anesthesia. Turpentine vapor removes the oxygen from air with which it comes into contact. The symptoms that characterize lead poisoning in painters, especially constipation, coldness, nervous disturbance, headache, impaired appetite, and anemia, are largely due to the presence of turpentine in the paint, and are frequently aroused in susceptible persons, by turpentine varnishes. In cases of real lead-poisoning, the lead is not probably absorbed by the skin, but swallowed "*per orem.*" The painters or glaziers of pottery become careless during their labors, and handle bread and other foods while the lead is on their fingers and under their nails; and the cumulative action of the poison soon asserts itself, leading to colic, wrist-drop, and other paralysis. L. L.

Digitized by Google

The Current Medical Thought.

Prolapse of the Cord.

We are indebted to Dr. Olsten for his article on prolapse of the cord. We had attended a woman in her three labors, and each time she bore a dead child. Naturally, she and her husband longed for a child, as do only those who haven't any and fear they never will have any.

With touching faith, she sent for us to attend her for the fourth time. Prof. Gerhard kindly consented to share the responsibility with us. When the waters broke, the cord prolapsed. We immediately put the patient in the genu-pectoral position, and after much difficulty succeeded in getting the cord back and the head down. The result was a living child. Although, as Dr. Olsten stated, the method is not original with him, it was new to us; and had it not been for his useful paper, we would have had the mortification of bringing a fourth dead babe into the world for our faithful patient.

The mother is informed that she owes her infant's life to a country doctor in far-distant Utah, and joins us in thanks to Dr. Olsten.

W. F. WAUGH.

Salicine.

The now favorite remedy for rheumatism and rheumatic fever—salicine (and its compounds)—was in common use among the Boers or Hottentots of South Africa many years ago, long before its employment by the medical profession in civilized communities. The natives used to administer a decoction of the tops or shoots of the willows which thrive on the banks of their rivers, and the worst cases of rheumatic fever, or "sinken kors," were successfully treated.

L. L.

Ozonic Ether.

This is absolute ether containing thirty volumes of peroxide of hydrogen in solution. Dr. Richardson, Dr. Day and others have used it successfully in diabetes, while the former says, "In whooping-cough it is highly beneficial, acting almost as a charm."

Used as a gargle in scarlet fever it has been found eminently useful.

℞	Ozonic ether	℥ ij
	Glycerin	℥ ss
	Water, q. s. ad	℥ viii

An ointment has been used with equal success, externally.

℞	Lard	℥ iv
	Ozonic ether	℥ iv
	Benzoic acid	grs. xl
	Otto roses	drops iv

Ozonic ether is also a good disinfectant.

Paris Hospital Therapeutics.

It may be useful to give in a short way, as complete as possible, the kind of medicinal treatment employed in the hospitals, and we take the service of Professor Germain Sée as a guide. The following is from the official book of the Salle (or Ward) St. Jeanne, Hôtel-Dieu:

Bed.	Diagnosis.	Treatment.
1.	Anæmia	Hemoglobine and pepsin.
2.	Chlorosis	Sedii arsenias.
3.	Zona	Antipyrine, 4 grammes.
5.	Hemiplegia	Todd's potion.
9.	Peri-uterine phlegmon	Injections, terpine, nux vomica, and gentian.
12.	Syphilis, cerebral	Biniodide of mercury, sulphur-baths.
12 (bis).	Chlorosis	Ferri et potassii tart., sulphate of aconitine.
14	Albuminuria	Tannin pill, ergotin pill, terpine pill.
14 (bis).	Mitral insufficiency	Sparteine sulph., convallamarin.
15.	Pericarditis and aortic ret.	Iodide of potass., digital., sparteine.
18.	Myocarditis	Caffeine, sparteine.
20.	Thoracic varix	Tinct. hamamelis, antipyrine, Vichy water.
22.	Typhoid Fever	Charcoal powder, naphthaline, quinine sulph., rectal injections.
23.	Amyothropsia	Pill opium, mercurial frictions.
24.	Mitral insufficiency	Digitalis infusion.
25.	Dyspepsia	Charcoal powder, bearoate of soda, terpine.
26.	Diabetes	M. See's regime, arsenic.
27.	Hydroarthrosis	Antipyrine.
28.	Phthisis	Arsenic, pill opium.
29.	Dilatation stomach	Ipecac powder (5 centigrammes), cocaine hydrochl. (5 centigrammes); suppress all vegetables
29 (bis).	Not made	Jalap.
30.	Emphysema	Terpine, iodide of potassium, pill opium, sparteine sulphate.

Of course, in this rapid list of actual patients and treatment we have not time to indicate the symptoms for which some of the remedies were given; but those accustomed to hospital practice will see the reasons and be able to compare the above with their own practice.—*Phila. Med. Times.*

Treatment of Neurasthenia.

Rest and sleep are the first indispensable conditions.

A change is always in order to make them possible.

The diet must be generous, the food well masticated and eaten slowly.

The stomach must not be overcrowded by many articles.

Lager beer should be taken with the dinner, but only then.

Phosphorus, strychnine and electricity are positive irritants.

In extremely anemic cases, iron may be used with benefit.

Of external adjuvants, surf-bathing and massage are the best; the action of salt water upon the skin has a magical effect in restoring depressed energy.

Lastly, give a fair trial to the vis-medicatrix naturæ.—*Atlanta M. & S. Jour.*

Digitized by Google

Side-Shows.

When we were preparing for professional life, we taxed our energies to their utmost and exclusively to accomplish our purpose, and when we entered that life everything irrelevant was pushed aside. Day after day, and week after week, and month after month, our mind and body were skilled and used for this single routine employment. We were a dentist, nothing else. No wonder we became a regular spindle-shanks and were finally pronounced consumptive. No wonder we became more and more a physical, mental, and moral dyspeptic, with nerves on tension, mind hypersensitive, disposition soured and life a rack. At 35 years, when we should have been in the glory of our manhood, we were ordered out of our office, by a council of the best physicians. It was only by waking up to this idea that we should have a side-show, where betimes we could limber up—"laugh and grow fat"—that we saved ourselves. It was necessary to get outside the environment of our business, and to bring into activity thoughts, aspirations, faculties and muscles usually dormant.

Most of us need something of this kind; for by overworking some of our muscles, faculties, and energies, and allowing others to be habitually idle, our whole character becomes unbalanced, our view of life becomes distorted, our judgment becomes warpt and our passions become abnormal. We need something that shall occasionally draw us out of the pent up, secluded atmosphere of our office, and oblige us to inhale the glories of the outside world; that shall at times make us forget our professional self, by being engrossed in something radically adverse.—*Items of Interest.*

[How many a noble life is dwarfed by the treadmill of routine work! Life is but a round of visits; and the doctor who settles down to quinine, calomel and nitre, will be found as narrow in mental vision as he is in therapy. It is good to climb the hills of thought sometimes, to look down on your path through the valley, and on yourself plodding along in the path.

We like to see a doctor who is a bit of a botanist, geologist, or philosopher; and he is a better doctor for his side-show.

But let it be *only* a side-show. The doctor who neglects his patients to go botanizing is a poor sort.—W.]

Absorption of Impurities by Milk.

If a saucer of fresh milk be placed in a larder or closet where game or tainted meats are present, it will in a few hours become so impure that no milk-drinking animal will touch it.

Diabetes.

FLINT considers milk a dangerous food for diabetics. In many cases he found the patients had been champagne drinkers, given to sexual excesses, and ate largely of sugar and starch. —*Practice.*

[We all eat largely of sugar and starch, and yet diabetes is a rare disease. As to sexual excess, if that gave rise to diabetes, the latter could not be a rare disease.—ED.]

Asthma.

In the Chicago Medical Society Dr. Kuh called attention recently to the importance of Hack's work on asthma, etc. The rhinoscope must henceforth be an indispensable.

In migraine and hay fever as well as in asthma, the cause may be found in disease of the nasal membrane.—*Weekly Med. Review.*

Injections of Pepsin in the Treatment of Tumors.

DR. MORSE, in *The Medical Register*, speaks highly of the use of pepsin injections in the treatment of tumors. After failing with several varieties of pepsin, he finally succeeded when he employed Jensen's product, diluted with three times its weight of distilled water. Five injections sufficed for the digestion and removal of a fatty tumor.

A Medical Opinion.

"Doctor, what do you think of this new treatment of consumption by injecting carbonic acid into the sternum?"

"Well, it certainly distracts the mind of the patient for a while, and may do good by its moral effect by making him think of his latter end; he becomes, as it were, conscious of his rectum, as the schoolboy rendered *mens conscia recti*. He may even "bacilli" enough to cherish the hope that he is getting cured, and is taking a short cut to health over this *pons asinorum*, but I regret to say that I think he will find that the road will end as it began, in gas."

For Neuralgic Headache

BRUNTON recommends salicylate of soda, in doses of gr. ij to iij, every quarter hour.

It is certainly wise, and in no respect derogatory to the highest character, for a man to advertise that he has a thousand bales of cotton or a cargo of tea to sell; but where is the honest man who shall presume to advertise that he is a sure healer of the ills of human flesh?—ST. JOHN ROOSA, in *The Doctor.*

Digitized by Google

What Paris Thinks.

The hypodermic epidemic still rages unabated.

GUELPA relates several cases in which mercury was used in this manner for syphilis. In one case, strabismus remained after the other specific symptoms had disappeared under mercurial inunctions. The hypodermic method was not more successful. [This is not surprising. It must be remembered that when nervous tissue is destroyed by the development of syphilitic neoplasms, the administration of mercury will cause absorption of the gummata, but will not repair the damage to the nervous tissue.]

Injections of yellow oxide proved more painful than those of calomel. The visible symptoms of syphilis disappear more quickly under this treatment than by the other methods of administering mercury.

FERREIRA gives a case of quotidian ague which resisted quinine, but gave way to chloride of pereirine, in doses of half a drachm daily to a girl aged seven years. The dose was repeated on the second day, and half the amount given on the third.

FEHLING claims that his success in preventing rupture of the perineum in primiparæ is very great. He places one hand back of the anus and directs the fetal head forwards, while with the other he seeks to prevent the too rapid passage of the head.—*Bull. Gén. de Thérap.*

A Parisian physician confines himself to telephonic practice. He furnishes his patrons with prescription blanks, and when called by any one of them in case of emergency, he telephones back his directions, which are written out, read to the doctor, and sent to the druggist. This saves the family doctor from many a night call, and does not interfere with his business, as the telephone physician does no ordinary practice.

—*Le Courrier Méd.*

When anemia does not give way to digestive tonics, and when iron is contra-indicated, it is to sulphur we must turn. In true idiopathic chlorosis, where iron fails, sulphur produces a notable amelioration. After the sulphur, iron will be better borne. In cases complicated with gastric catarrh, sulphur is badly tolerated.

—*Wochenschrift.*

BARBIER, of Algiers, grows enthusiastic over his remedy for whooping-cough and croup. The precious mixture consists of phenate of soda, in

An omitted line in the May number, page 142, leads to obscurity. The ninth line from the bottom should read: "Of eucalyptol the medium dose is ten to twelve grains," etc.

LEY prefers the "huile d'arachides," to vaseline as a vehicle for the hypodermic use of phènol. He uses a five to ten per cent. solution, and he injects two or three syringefuls of five cubic centimetres each. This would give of the ten per cent. solution 7½ grains to each syringeful. Under its use the bacilli in the sputa become less, but do not disappear entirely. We think there is something in this method of treating phthisis and hope to give you more concerning it in future.

Five Ways to Stop a Cold.

1. Bathe the feet in hot water, and drink a pint of hot lemonade. Then sponge with salt water, and remain in a warm room.
2. Bathe the face with very hot water every five minutes for an hour.
3. Snuff up the nostrils hot salt water, every three hours.
4. Inhale ammonia or menthol.
5. Take four hours active exercise in the open air.—*Good Health.*

[We have often stopped a cold in the head by taking a seven-mile row on the Schuylkill, followed by a cold shower-bath, a brisk rubbing with a coarse towel and a glass of "half-and-half."—W. F. W.]

Died of an overcoat; doctor says pneumonia. Office quite warm. "Guess I'll keep it on—only stay a few minutes." In the perspiration thus induced, he went out in the cold wind; congestion, pneumonia, and death.

—*Items of Interest.*

[Doctors, this item is for you.]

For Epithelial Cancer.

ELTINGE reports a case of epithelial cancer of the lip, which was cured by the local use of the inspissated juice of oxalis acetosella.

SAWYER speaks of the juice of runex acetosa, the common sheep sorrel, for the removal of morbid growths.—*Phila. Med. Times.*

For Earache.

A gentle stream of water as hot as can be borne, directed into the ear from a fountain syringe, is better than poultices or anodynes.

—*Good Health.*

Though I have four different works on the Practice of Medicine, etc., I must say that your Manual of Treat-

Digitized by Google

CLASS-ROOM NOTES.

[From the *College and Clinical Record.*]

—*The* remedy for *weak heart* is amyl nitrite.

—Prof. Parvin, for all plastic *operations on the female genitals*, uses silver wire in preference to ether silk-worm or cat-gut.

—*Dysmenorrhea* and sterility are not half as well explained by anteflexion as by an existing endometritis or metritis.—Parvin.

—Prof. Gross recently operated for *anal fistula* which had existed for two or three months, in a child only nine months of age.

—For *nephrolithiasis*, avoid meats, take systematic exercise, the salts of potassium or lithium, and an abundance of alkaline waters.

—From an antagonistic standpoint, of all remedies proposed for remedial treatment of *tetanus* none are comparable to nicotine or the preparations of tobacco.

—A mixture of collodion, 15 parts, corrosive sublimate, 1 part, if applied to small, superficial *birth-marks*, is stated by Professor Gross to act very nicely and effectively.

—*Anteflection* with mobility, in a virgin, is a physiological condition, and can only be called flexion when the uterus becomes immobile and bound down by adhesions.—Prof. Parvin.

—A case of *coccygodynia* was recently shown the class by Prof. Parvin, which was deriving much benefit from the simple hypodermatic injection of hot water into the vagina near the coccyx.

—For the *irritative fever of consumption*, Prof. Da Costa strongly advises the use of small doses of aconite. He claims it is a remedy of much value, and but little known to the profession in general.

—Prof. Gross advises that a radical cure for a large *hydrocele* should not be undertaken at once. Evacuate its contents, and when it has again attained a large size, again evacuate and resort to one of the radical means of cure.

—Blisters, cautery, seton, and issue plaster should never be used as a local treatment for *epilepsy;* for any good they may seem to do is only temporary, and the disease will be more aggravated in character when the symptoms reappear.

—Dr. Hunt, at the Pennsylvania Hospital, stated that he considered the treatment of *internal hemorrhoids* by carbolic acid a good procedure. He uses about four drops each of pure carbolic acid and glycerine, and injects one tumor at a time.

—Prof. Gross states that he believes subiodide of bismuth is destined to replace, to a great extent, iodoform in the *antiseptic treatment of wounds*. It is being extensively used at the hospitals, and as yet, with none but most gratifying results.

—Prof. Parvin states that the best treatment for *chronic mastitis*, if the patient object to the radical operation, is firm compression by means of pressed sponge and a bandage, which is occasionally to be slowly saturated with carbolized water.

—In *atresia*, if the oviducts are involved, causing hemato-salpinx, it is best to evacuate the fluid slowly, and thus render it less liable to inflammation as a consequence. If it be merely hematometra or hematocolpus, you may incise freely, drain, and wash out with the antiseptic solution.—Parvin.

—For the hygienic treatment of *epilepsy* Prof. Da Costa sums up as follows:—

Keep the head cool, the bowels open, and the temper cheerful. It is probably better to allow no animal food at all; the best diet is one exclusively of milk and vegetables. Be most particular about the diet. Change the surroundings and scene if possible, and lead an open-air life.

—A case of *herpes zoster* was recently shown the class at the Jefferson Hospital, which seemed to have been produced by mental impression. The patient had been given a vesicant, directed to apply at the point where the eruption afterward appeared. He for some reason did *not* make the application, but the eruption, in a few days, was very distinctly developed.

—The following shows, according to Prof. Da Costa, the comparative value of the different bromides in treating *epilepsy*:—

Bromide of potassium,	gr. xx	ter die.
" of sodium,	gr. xv	" "
" of ammonium,	gr. xxv	" "
" of nickel,	gr. v–x	" "

Better give in an effervescing mixture and not on a full stomach.

—Prof. Parvin has of late been doing what he terms the "tobacco-pouch" operation for *cystocele*. He manifests a decided preference for the operation over Emmet's. A portion of the mucous membrane of the required size is denuded, and this surface is encircled by a suture; which is embedded in the sound tissue, both ends of the suture coming from the same opening. Upon being tightly drawn upon and tied, the cystocele is readily effaced.

A case of *sciatica*, following exposure and of nine weeks' duration, was treated by Prof.

Digitized by Google

Da Costa in the following manner: Apply a strip of blistering plaster in the course of the nerve and administer:—

℞ Tinc. colchici seminis,..... gtt. xv
Potassii iodidi,.....gr. x
Tinct. zingiberis,..... .....gtt. x
Syrupi,.....
Aquæ,.... āā....q. s. ad f ʒ ij.

SIG.—Take with water three times a day between meals.

—Prof. Da Costa recently presented to the class a case of *obstinate vomiting*, which, strange to say, was brought about only by the recumbent posture. Its cause was traced to a chronic constipation, which was treated as follows:—

℞. Aloin,..... .....gr. ½
Strychninæ sulph.,.....gr. 1/60
Extract. colocynth. comp.,..gr. ½
Extract. hyoscyami,.....gr. j
Ft. pil.

SIG.—Take after each meal.

—The following is the mode of staining and mounting the *bacillus tuberculosis*, employed in the pathological department of Jefferson College: Place some sputa between two cover glasses; dry in the sun or over an alcohol lamp; then separate the glasses and place in the following solution for 12 hours:—

Saturated sol. of aniline oil in water,..ɱ c
Fuchsin,.....gtt. xxij
Absolute Alcohol.....gtt. xx.

Then wash and bleach the glass in a solution of one part acid. nitric. to two of water. Then allow to remain for a few moments in the "setting solution," 60 per cent. alcohol, and finally wash in absolute alcohol. Then mount with damar as usual.

Dr. M. W. Staples, of Grove City, Illinois, contributes a case in which a bad presentation compelled him to turn and deliver the child by the feet. The operation was facilitated by manipulating the abdomen externally with the disengaged hand. When the feet were brought down, the face was towards the front, but spontaneous rotation took place; Dame Nature kindly assisting the mother and child out of a precarious state.

DR. D. C. JOYNER relates a case of gonorrhea, which was conveyed to an infant's genitals from his mother, who was then affected. This is certainly a case of "gonorrhea without copulation."

Mrs. G. H. Dunn contributes a remedy for pruritus. The remedy consists of a teaspoonful each of burnt alum and of sulphate of zinc, dissolved in a quart of flaxseed mucilage. This is also useful for leucorrhea.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

☞ Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader will not stop them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Metabolism.

Editor MEDICAL WORLD:

Metabolism is the function of nutrition, or that activity of the protoplasmic constituents of the tissues by which they incorporate the elements of repair supplied to them through the plasma of the blood. There is, however, another factor in this process of nutrition; for the muscle or tissue and the plasmic elements act and react upon each other, so that the protoplasm acts on or alters the lymph, and the lymph acts on or alters the protoplasm, and this process of double decomposition goes on in every organ and tissue of the body, with development of its special energy, secretion, growth, etc. An alterative drug is one which makes a tissue or organ do a certain amount of work, and by it has effected a change and renewal of its proper molecules; it has stimulated nutrition. The question which now arises is, in what manner does the tissue select just the nutritive or drug element it wants and no other; especially if that element be an acid one, in the presence of the six quarts of alkaline blood in the adult? Chemistry cannot account for it; for both acids and alkalies are, in medicinal doses immediately neutralized on their entering the blood.

There is but one apparent solution to this problem, which is that nutrition and all the chemical changes in the body are governed by a presiding law, such a one as electricity, which we may name vital electricity, the functions of which reside in the nerve centres and their connecting fibres. Electrolysis will best explain this view, for by it albumen is coagulated, salts are separated into acids and bases, and water is resolved into oxygen and hydrogen. When the salts contained in the animal tissues, such as soda, potassa, lime and water are decomposed, the acid and oxygen appear at the positive pole and the alkalies and hydrogen at the negative pole. Around the positive pole the mineral acids and chlorine form combinations, while at the negative, destructive changes take place, and hydrogen, the alkalies, and the metallic elements appear. Now if we substitute for the positive pole a (trophic) nerve

Digitized by Google

terminal, and for the negative pole a tissue or muscle, we then see the analogy between the vital and the electric processes. This view, however, while it supplies a general explanation, fails to give a special one, as to how a drug acts upon a diseased part only, and upon no other part. The answer, I think, lies in the following: health and disease are relative states of the electric condition of the body, and the diseased part, like an impaired conductor in a battery, is but an indication of defect in that part, by which the electric current is broken or disturbed. But why do not all the functions of the body cease to act when disease, even in a part, breaks its electric continuity? Because the body is not a single electric apparatus, but a combination of several, each having independent electric divisions controlled by a ganglionic nerve of the sympathetic nervous system, to which various organs and parts of the body are connected, and whose functions are controlled by it, independently of the other groups of organs. There appears no doubt that the sympathetic ganglionic nervous system is the automatic maintainer of life, and that the cerebro-spinal system superintends the volitionary, intellectual and moto-sensory functions of the organism. The drug given supplies the electric want and the disease or disturbance disappears, and future research will discover that the value of most drugs, as therapeutic agents, depends not on their chemical, but on their electric effect. Those drugs which are electro-negative will be classified as nerve tonics, and those which are electro-positive, as tissue tonics or alteratives: but electricity itself, applied externally, after more careful observation, will be found in its various qualities to be the summum bonum of therapeutic agents, and displace in many directions the present unsatisfactory service of drugs. In the meantime, we must use to our best ability for human benefit, any and every means at our disposal.

Alcohol and potash increase the metabolism of tissues and muscles; iodine, of glands; bromine, of nerve protoplasm; iron, of red blood corpuscles, but when exhibited must be associated with a full supply of nutritious food, open pure air and sunlight and physical activity, so that the destructive and constructive processes may keep equal pace with each other.

Tuberculosis, cancer, gout, rheumatism, skin, joint and nervous diseases, syphilis, malaria, fever and fatty degeneration are all affections of nutrition, and should be treated with alteratives. An excessive supply of lymph to active cells, excess of proteids in the blood, deficient supply of oxygen from physical inactivity will disturb metabolism, and result in such diseases as obesity and gout. Deficiency of plasma is a result of anemia, producing feebleness of metabolism throughout the body.

Sudden and extreme alterations of natural influences, such as temperature, moisture, pressure and electrical conditions of air disturb metabolism, and local changes of temperature from the same cause give rise to chills, colds, rheumatism, etc.

Foul air and infective substances disorder metabolism by settling in the tissues, carrying on their own metabolic changes to the deprivation of the tissues, and introduce their morbid products into the venous current by which they poison and infect the body. Inflammation is an increase of metabolism in a local form.

The drugs which increase metabolism (alteratives) are mercury, iron, antimony, phosphorus, arsenic, sulphur, sulphide of calcium, chloride of calcium, hypophosphites of calcium or sodium, guaiacum, hemidesmus, mezereum, caffein, coca, guarana, and water.

Those which dimish metabolism are cod liver oil, olive oil, glycerin, alcohol, quinia, salicin, salicylates, resorcin, chinolin, kairin.

Local alteratives (stimulants) are iodine, cadmium, sulphur, fixed oils, alcohol, ether, chloroform, ammonia, resins, oleoresins, volatile oils, balsams and water.

DR. C. COLEMAN BENSON,
Baltimore, Md.

Inhumanity.

Editor MEDICAL WORLD:

Her hour had come—labor pains were upon her. What was she to do? What *could* she do? It was the mother of a poor family living in a cave away from any village, during a terrible (for this country) snow-storm. The night being stormy, the cave was full of sheep, family and travelers. So alone, in the terrible night, she goes forth in the darkness and snow, and gives birth to not only one, but *two!* and when all was over, what does she do? Returns to the cave, leaving the result of that hour of pain, *in the snow!!*

Mardin, Turkey in Asia. D. M. B. THOM, M.D.

A Rectal Case.

Editor MEDICAL WORLD:

Having been confined to the house by a severe attack of lumbago, I have been enjoying a feast of good things over THE WORLDS of 1886. I had always thought that I fully appreciated THE WORLD, as it came to me month by month, but really I never fully realized what a mine of wealth it is to the profession. Such a free interchange of views and experiences must prove a great benefit to the subscribers, and through them to their patients.

Digitized by Google

On page 135, April number, 1886, there are two cases reported, the last of which calls to mind an interesting and unique case, that came under my care about one year ago. I was consulted by a young man in reference to a younger brother, who was suffering from what the family had diagnosed as piles. The answers to my interrogatories were so unsatisfactory that I refused to prescribe without seeing the case. Arriving at the house, I found the lad lying upon the bed, complaining of a dull heavy feeling at the lower part of his bowels, and severe pain upon walking or going to stool.

Proceeding to an examination, I found just inside the sphincter an obstruction, of what felt like a narrow band stretched tightly across the rectum. Pressure against the object caused so much pain that I found it necessary to administer chloroform, after which I succeeded in removing the cause of the trouble, which proved to be, what think you? part of the clavicle of a rabbit. About 1½ inches long by ⅛ to ¼ inches wide. I relieved the youth of a ten dollar note, and advised more time in masticating his rabbits. Success to THE WORLD.

Appleton City, Mo. H. H. TAYLOR, M.D.

P. S.—I think the above case goes to show that unless a case is perfectly simple, physicians should not prescribe without personal examination.

[To this we say, amen. The number of mistakes made by doctors who do not take the trouble to use their eyes, is fabulous.—EDS.]

Comments.

Editor MEDICAL WORLD:

Dr. Frazier asks for treatment for eczema. I have had good success with an ointment of resorcine ℥j, cocaine gr. x, lanolin ℥j, to be well rubbed in with the finger after the parts are thoroughly cleansed with warm rain water and very mild soap; the amount of cocaine to be regulated by the amount of itching, as cocaine stops itching at once. At the same time give full doses three or four times a day of syr. trifolium compound, which I think an improvement on the McDade alterant.

Next, diphtheria; the disease about which so many differ. As to the internal treatment, the essential thing is to support the patient by all possible means for the fearful ordeal it has to endure; and be sure the bowels are sufficiently active to carry off all the poisoned secretions swallowed, besides giving every two hours one drop doses of creosote, well diluted, and a full dose of P. & D.'s lactated pepsin three or four times a day, to help digestion. Then for the membrane—there is the rub—the rock on which there is danger of wreck. I have tried many things, and among them all none has done so well, and with so little objection and discomfort to the patient, as frequently swabbing the throat with a fifty per cent. solution (or full strength if the case be grave) of concentrated lactic acid; and if the membrane inclines to crawl into the larynx or posterior nares, as it often will, then I use the atomizer freely and often; using also for the nose between times a solution of creosote or carbolic acid. The lactic acid gradually dissolves the membrane without any injury to the inflamed tissues. I surely should not adopt Dr. Reable's do-nothing plan, nor do I think would he, if the membrane invaded the larynx, else there would be a funeral pretty soon. Will the Dr. next time please tell us what he does instead of what he does not do?

Dr. "Matter of Fact" (he don't like to tell his name,) wants to know if the twenty grains of chloral he gave his patient had anything to do in causing the trouble with his first case, the obstetric patient; and without any hesitation I say, yes, it not only had "anything," but everything to do with it; for unless he had a certain knowledge of the idiosyncrasy of the patient, I should regard the dose as most hazardous and unjustifiable. My experience has taught me that the tolerance of this remedy varies more than almost any other; and until I know its effects I never venture over five to eight grains in any condition; and twenty grains to a woman in labor would certainly be extra-hazardous. Why, my son, himself a physician, and a stout man forty years old, can not now, nor ever could, take three grains of chloral without a truly alarming feeling of faintness and sinking. But I will say to brother Matter of Fact that the next time he gets in that kind of a close corner, from chloral or any other depressant, if he will give his patient one drop of a one per cent. solution of nitro-glycerine, and repeat it in half to one hour if needed, his patient will soon revive.

I would like to say something about ergot and that everlasting bandage; but, oh, dear! That bandage is thread-bare now, so I forbear.

S. ATTWOOD BUTTERFIELD, M.D.

Indianapolis, Ind.

Dr. J. C. Mollyneaux, of Woodland, Ill., calls attention to the fact that Playfair speaks rather dubiously of the genu-pectoral position in prolapse of the cord. It is difficult to induce the woman to assume and retain the posture, and the chances of success in replacing the cord are not positive.

Digitized by Google

Dr. Stearns' Opium-Antidote.

Editor MEDICAL WORLD:

Dr. Stearns gives a rather curious antidote for opium poisoning in your April number, which if one can satisfy himself as correct, is very simple, and to the doctor's idea THE procedure in cases of opium poisoning. One thing that is apt to strike readers is, "notwithstanding the persistent experimental search by the best medical minds, it must be acknowledged that there is no known drug that is a reliable antidote for any of the preparations of opium." If the doctor will refer to Dr. S. Weir Mitchell's case in the New York Journal, Vol. iv., p. 116; Farquharson's Guide to Therapeutics; Binz's Elements of Therapeutics; Fothergill's Antagonism of Therapeutic Agents, and other authorities, he will perhaps, on second thought, change the first, if not the last, sentence of his article. We have access to a number of good works and journals, and it seems to us as though writers agree upon THE established line of treatment, but we would be pleased to have the doctor collect and report cases that have been treated in his novel way. If the patient is completely narcotized, the amount of pressure upon the ends of the fingers and thumbs required to establish this pain would be terrific, and the length of time that would be required to keep this persistent pressure suggests to one's mind the evils of unequal compression; but without further comment, we shall wait until we receive a few practical tests, which we hope will be reported in THE WORLD.

Albany, N. Y. C. J. L.

[In opium poisoning, the doctor is anxious to use *everything* that will prove of any avail. Dr. Stearns' method of compression of the ends of the thumbs and fingers may be *added to* the usual treatment.—ED.]

Broken Glasses.

Editor MEDICAL WORLD:

Permit me to give your readers a little of my experience in this very peculiar action. I prescribed six powders of lactopeptine for a young lady. That evening she took a tumbler of usual strength and size, put the powder in the glass, poured cold water on it, and gave it a few stirs with a spoon, and was just going to raise it to her mouth when off flew the bottom of the tumbler, even with the surface of the medicine. She prepared another dose in another tumbler of the same kind, with exactly the same result. Then she thought probably there was something in the water which caused it, so she put some in another tumbler of the same kind and stirred it around for some time, but it did not break the glass, so then she put in one of the powders, and away went the glass. She then got frightened and said she would not take such powerful medicine. So the next morning she came to my office, and the first thing she said when she got in the door was, "Why, Doctor, do you give dynamite to blow the disease out of people?" I laughed and said, "only to a few of my favorite patients." "Well," she said, "I don't care about being a favorite one," and then related her experience of the evening before. I examined the powders and saw they were just as I had prescribed. I prepared one in some water just the way she did, and stirred a long time without any effect on the glass. So then to satisfy myself, and her too, I went with her to her home to see the tumblers that were broken, as she had saved the pieces. To show them it was not the medicine, but some fault of theirs, I took one of the powders, and one of their tumblers, and proceeded to mix the powder and water, when all of a sudden, away went the glass. To satisfy myself more fully, I tried the remaining powder, with the same result. I mentioned the fact to several practitioners but none of them ever had such results, and I never had before nor since. I would like to have the opinion of several readers of THE WORLD on this peculiarity. My opinion is that the trouble lay in the glass, but don't know in what way.

Lockport, N. Y. W. H. HODSON, M.D.

Treatment of Nasal Catarrh.

Editor MEDICAL WORLD:

I have noticed numerous requests for a treatment of this disease, but have failed to see any response, offering more than temporary relief. I have therefore undertaken the difficult task of placing before the profession a line of treatment which has given the best results in my hands.

Before proceeding further, gentlemen, permit me to say that I am *not* a *routine* practitioner. In fact I hardly ever treat two patients exactly alike—though afflicted with the same malady—for you will remember that every individual possesses certain peculiarities which often modify the treatment of the difficulty under which he is laboring.

Many physicians say that nasal catarrh cannot be cured. There are cases beyond even temporary relief, but the majority of cases are undoubtedly curable if properly treated.

When a patient presents him or herself to me for treatment, the first thing is to make a thorough examination of the parts affected. Note whether or not the disease has extended itself beyond the nasal cavities. If there be

Digitized by Google

one or more polypi, and their attachments are not extensive, I remove them by seizing them with an ordinary dressing forceps, crushing, and applying torsion, thus avoiding hemorrhage. If the membrane is hypertrophied I make local applications of an alterative and of a slightly astringent character. In most cases I find more or less constitutional disturbance, which requires remedial agencies.

I am always very particular to say to my patients, that it is positively necessary for them to adhere strictly to the directions I shall give them, that the difficulty cannot be cured in a few days, and that it will require a careful and well directed treatment. I have them visit my office for inspection; some every day, others once a week.

The first week I order the patient to use weak warm salt water, having them sniff the same gently up well into the nasal passages, allowing it to pass down into the pharynx, throwing the fluid out through the mouth. I have them use from one half to one teacupful at at night, before retiring. This I order for the purpose of washing out any impurities and cleansing the cavities before beginning the regular treatment.

As a constitutional remedy I often prescribe the following, to be taken in teaspoonful doses after meals or three times a day:

℞ Potassii iodidi.....gr. xxx
Syr. trifolii c. (P. D. & Co.,).f ʒ ij
Ext. eriodyction glutenosi fl..f ʒ ss
Elix. rhamni purshiani.....f ʒ j
Aq. menth. vir.....f ʒ j
M.

If the patient be of an anemic or nervous character I substitute the following for the above:

℞ Hematic hypophosphites (P. D. & Co.) f ʒ ij
Tr. gentian c.....f ʒ iij
Ex. sanguinariæ Canadensis fld (Lilly).f ʒ ij
Ex. rhamni purshiani fl.....f ʒ iij
Ex. sarsæ c. fl.....f ʒ ss
Ex. eucalypti glob.....f ʒ iij
Tr. cardamomic.....f ʒ i
M.

Sig.—Teaspoonful half hour after eating or three times a day. If it should move bowels too freely or sicken, essen the dose.

After the patient has used the warm salt water for perhaps a week or ten days I order the following to be applied to the membrane.

℞ Cosmoline.....ʒ i
Iodoformi.....gr. xx
Bismuth. subnit.....ʒ ss ʒ i
Morphinæ sulph.....gr. vij
Acidi carbolici sol.....gutt. vj
Ol. lavender.....gutt. vj
M. Fiat unguent.

Sig.—Apply to the nasal cavity with a tent or cotton made fast to small piece of wire, night and morning. If there is much hypertrophy of the membrane, I sometimes add to the above from 2 to 6 drops of tr. iodine.

The object in using the oil of lavender is to disguise the disagreeable odor of the iodoform.

For the above I sometimes substitute the following:

℞ Bismuth subnit.....ʒ j
Colorless golden seal (P.D. & Co)gutt. xvi
Ex. hamamelis fl.....gutt. xij
Ol. eucalyptus glob.....gutt. v
Cosmoline.....ʒ i
M. Make ointment and apply as above.

Where there is a thin watery discharge from the nostrils followed by a dry condition of same, I use in connection with either of the above prescriptions, once per day:

℞ Hydrarg. chloridi corrosivi.....gr. vj
Aq. destil.....f ʒ ij
Aq. rosæ.....f ʒ ss
M. One half to one teaspoonful in 2-3 of teacupfu of warm water to be snuffed up the nostrils at bedtime! *If too severe, lessen dose.*

The above I have prescribed for several years in various proportions, *always in solution*, and find it excellent.

Sometimes I find it necessary to use a powder as a snuff. Here it is:

℞ Pulv. sacchari albi.....ʒ ij
Pulv. morphinæ sulph.....gr. iij
Pulv. hydrastis Canadensis.....gr. vij
Pulv. bismuth subnit.....gr. xxx
Pulv. aromat.....gr. v
Mix thoroughly in mortar.

Sig.—Snuff small quantity up into nostrils 3 or 4 times a day, using either of the first *two* prescriptions above, also, as they are directed. This snuff the patient can carry with him in a small box and use at different times during the day.

The foregoing are the "leaders" which I use in treating nasal catarrh. It is not always necessary to continue constitutional remedies. The patient should take medicine internally for at least one to three months regularly; but I have frequently cured cases of nasal catarrh by the use of the *third* prescription in connection with the warm salt water, and perhaps one bottle of the first or second prescription given above. Have treated some very severe cases with success.

As the condition of the mucous membrane approaches a healthy appearance, I use the ointments and local washes less frequently, gradually discontinuing their use. Sometimes there are "*dregs*" of the disease left in the system, which make their appearance after the patient is supposed to be entirely free from the trouble, and which quickly disappear upon making a few applications of one or the other of the ointments above prescribed.

During and even *after* treatment I have my patients bathe in tepid water, into which has been thrown a single handful of salt; being very careful to dry themselves thoroughly and remain in the room for at least one hour before going into the open air, so they will not be liable to contract fresh cold.

Digitized by Google

Chronic catarrh demands careful and continued treatment. One of the greatest difficulties the physician has to contend with is to get the patient to continue the treatment a sufficient length of time to effect a positive cure. Many cease taking treatment when they begin to feel better and thus are never cured.

I have had no experience with the muriate of cocaine, or in fact with any preparation of coca; think it might be a very good remedy in acute catarrh, to relieve the existing congestion by its action upon the venous and capillary circulation.

As I have already stated, I am not a routine practitioner; and it is a difficult task to place before the profession a treatment for any disease, which will meet all the emergencies and peculiarities one may have to contend with. I have endeavored in dealing with my subject to present a line of treatment from which may be derived the greatest good to the largest number. If I have done so I am doubly paid for the effort I have put forth.

In conclusion, allow me to say to the readers of THE WORLD, that I will give any further information, answer any questions possible for me to answer in regard to the treatment of nasal catarrh, *free of charge*, if parties enclose stamp for reply.

Cantril, Ia. J. E. HAINLINE, M. D.

Hyperidrosis.

Editor MEDICAL WORLD:

Will you be so kind as to suggest some treatment for a case on hand? I have the utmost confidence in your skill, after reading so many valuable suggestions in THE MEDICAL WORLD, the best medical journal published. My friend has a profuse perspiration on palms of hands and soles of feet—forms like beads in large drops, of course keeps parts constantly moist; he is middle aged, in robust health otherwise, and is all right except the sweating; inclined to constipation; temperate habits. I have given him remedies to arouse the liver, and to regulate bowels, and my last prescription was four grs. agaricine divided into 32 doses, one dose daily and gradually increase to thrice daily; have not seen him since. Please help me out in this, and I shall feel under many obligations to you for the same. A. J. HAILE, M. D.

Atlanta, Ga.

[You have given us a difficult task; a case which will only respond to well-directed and persistent treatment, and perhaps not to that. In the Manual of Treatment you will find that Piffard recommends freshly prepared silicic hydrate as useful, when applied locally. Belladonna controls the affection temporarily. Hebra recommends equal parts of lead plaster and linseed oil, to be left upon the part for twelve hours, and repeated daily for ten days; an astringent powder being then applied. A yellow layer of cuticle then peels off. The part must not be washed until this occurs. Shoemaker recommends thymol one grain, and oleate of zinc 500 grains. We had to treat one man for obesity before he would get better. Phytolacca, locally, may prove serviceable. Thymol soap applied over night, naphthol in lanolin, salicylic acid, quinine and hyposulphite of soda, in ointment or in soap, may be applied over night, on the theory that the disease is due to the presence of bacteria in the sweat-glands.—W. F. W.]

Cholera Infantum.

Editor MEDICAL WORLD:

Two articles in May number I should like to comment upon briefly, both bearing on the same subject, viz., cholera infantum. Both Dr. Edson and A. R. C., recommend opiates. I say, brethren, do not be led to the use of opiates in cholera infantum by anybody. It is bad practice, it is dangerous practice, it is common practice, *but it kills*. In advanced cholera infantum, the deaths are usually due to cerebral trouble, and in most such cases opium has caused the brain trouble.

A. R. C., says "never give an acid." You can give 1 minim deod. tr. opium (= $\frac{1}{60}$ gr. morphine) to a baby, every two or three hours (see his ℞), but shun an acid as a deadly thing! Now if the tongue is very red, as it often is in cholera infantum, then a little water slightly acidulated with hydrochloric acid is the very thing, or at least one of them, that the little sufferer needs. If the tongue be pale and coated with white fur, then your alkali is wanted.

Why lay down arbitrary dicta, based merely upon a fancy? Why not practice according to settled principles, and treat each case on its own merits? But enough for the present.

Suffolk, Va. WM. W. MURRAY.

[Morphine is a double-edged tool, and should be used in cholera infantum with the greatest caution, if at all; especially if the fever be high. Dr Murray's caution is well-timed.—ED.]

Cold Baths in Perniciosa.

Editor MEDICAL WORLD:

An inquirer in the Nov. number of THE WORLD asks whether the cold bath is justifiable as an antipyretic in pernicious fever. In some forms of the malady I think it very useful. In high temperature, 103° or 104°, I have found great benefit follow the use of the cold sponge bath, applied to the head, neck, upper and lower extremities. This will often reduce the

Digitized by Google

temperature several degrees, with a happy soothing effect, and sometimes a slight diaphoresis, which, however slight it may be, is a point gained in the treatment of this dreaded foe of the malarial districts of Southern Louisiana. With the cold plunge bath I have never had any experience, and should hesitate to make use of it, fearing the shock, and its effect on the existing congestion of important organs. As to the shower bath, I have not been favorably impressed with its use in the few cases of its application that have come under my observation in the practice of others.

The use of the cold sponge bath may be divided into two classes, remedial and beneficial. As a remedy, I should use it in cases of high temperature, harsh, dry skin, with much nervous and arterial excitement, and should anticipate the results stated above, as an adjunct to other treatment, in milder cases that might have progressed to a favorable termination without its use. I have often used it to produce a sensation of relief, and deemed its action beneficial.

Would say that in those severe and generally fatal cases of pernicious fever, where the temperature runs up as high as 105°, sometimes 106° (by the way I have never seen a patient recover in whom the temperature has risen as high as 106°), with alternate flushes of heat and sensations of cold, and continual rising and falling of temperature, I should be careful how I used any form of cold bath.

Musson, La. A. W. TUFTS.

[In yellow fever, we never knew a case recover whose temperature rose above 105°.
—W. F. W.]

Diagnosis and Treatment Wanted.

Editor MEDICAL WORLD:

I would like diagnosis and treatment for the following case which I now have:

Miss H., aged twenty, never married, general health seems normal, functions all normal as far as I can discover. Habits regular, good worker, industrious, "*except*," monthly and semi-monthly, the following symptoms occur: 1st a pain along the left lower rib, which increases to desperate suffering, and all over the lower half of the sternum becomes thickly set with what appear like deep red papillæ. Finally the pain reaches to the left iliac regions, lasting a few days, then all papillæ fade away as the pain leaves. Any information from you or the fraternity thankfully received. It has beat many doctors ere it came to me.

Fairbury, Neb. I. HUMPHREY, M. D.

Diagnosis and Treatment Wanted.

Editor MEDICAL WORLD:

Being in need of help, I write you for diagnosis and treatment. I am a young M. D., located here the first of January, 1887, and swung out a shingle and card bearing these words: "Diseases of women and children a specialty." It was not long before the women and children began to flock in, and send for me from far and near, and some of the most hopeless cases, apparently, several of whom had been given up by other M. Ds. But, luckily for me, I succeeded in bringing most of them through. But now I am stuck: have a lady, 35 years of age, with retroversion; she has borne three or four children; menses very irregular and scanty, frequently missing seven months; has pain in groin and right iliac region, with bearing down pain in the region of the uterus.

But the most singular feature in this case, and the one which most baffles me, is that she has hot and cold spells, as she calls it, or in other words her head will become so hot that it will burn your hand when laid upon it, and at the same time the feet will be extremely cold; then, probably the next day, it will simply reverse, head be cold and feet hot, extremely so. All this will occur one or two days before the regular time for the menses to appear. Should there fail to be any discharge then, it will probably occur once a week. During this time she is so nervous that she cannot allow her husband to touch her. Mr. Editor, please comment on this in your next issue, and invite the other brothers to let us hear from them.

Covena, Ga. J. MORGAN NUNEZ, M. D.

[Such nervous manifestations, and many more, are not rare in women affected with uterine disease. We regard them as evidences of some source of irritation to the nervous system, which must be removed as quickly as possible. We have seen them subside when a sensitive myrtiform caruncle has been snipped off; when a bit of cicatricial tissue has been removed from the os uteri; when a lacerated cervix has been sewn up, and an everted cervix thus relieved from the attacks of the penis; but most frequently of all, when a misplaced uterus has been restored to its proper position, and all tenderness drained away from the organ by the use of glycerine tampons. The latter would seem to be the indication in the present case. For the flushes, we would use hot sitz-baths, and give internally the nitrate of potassa in doses of five grains, and the fluid extract of gelsemium, two minims every hour. But this is of trifling import, beside the search-

Digitized by Google

Dr. Scruggs' Case of Eczema.

Editor MEDICAL WORLD:

While at the St. Louis Post-Graduate School of Medicine this Spring, I saw scores of just such cases. Prof. Hardaway would strictly diet the patients, and they all got better. If Dr. S. will eat no fried meat, no pies or highly seasoned dishes, drink no coffee, tea, or spirits, eat no oat meal, and adopt the following list: boiled or broiled beef, mutton, or fowl; milk, butter, eggs, but little sugar, no custards or pudding, he will get better yet. He must use no soap or water to the itching parts.

For the itching, employ the following:

℞ Acidi carbolici.....ʒ ij
Glycerini.....ʒ ij
Aquæ.....ʒ iv
M.—Shake well, and apply as often as necessary with a spray, over the itching portions.

For a local treatment to be kept up, use unguentum plumbi vaselinæ, spread on smooth cloths and kept over the itching parts, and where he can not keep it on with cloths, apply it any other way, so as to keep the parts well protected from the air. Never wet the parts with any water.

By pursuing this course of treatment, he will get well sure; it may take a long time.

Winfield, Ark. CHEVES BEVILL.

To Dr. Scruggs.

Editor MEDICAL WORLD:

I would suggest that Dr. Scruggs try the following:

℞ Pulv. Goa powder.....ʒ ss
Oil of tar.....ʒ j
Cosmoline.....ʒ j
M. S.—Apply once daily to parts affected.

Use the following as a constitutional remedy:

℞ Potassii bitartratis.....
Sulphuris precip.....āā.....ʒ j
Glycerini.....ʒ ss
Aquæ menth. pip. q. s. ad..... f℥ viij
M. S.—Tablespoonful in a glass of water a half hour before breakfast. If this dose fails to produce one or two free evacuations daily, then increase the dose.

This preparation acts most happily with the robust; but whenever the patient is dyspeptic or debilitated, and affected with constipation, I usually combine an aperient with a tonic, something like the following:

℞ Magnesii sulphatis.....ʒ jss
Ferri sulphatis.....gr. x
Acidi sulphurici dil.....ʒ ij
Aquæ menth. pip.....ʒ viij
M. S.—A tablespoonful once or twice daily.

I think if the doctor will use the above remedies he will be pleased with them.

Alto, Tex. J. H. EVANS, M. D.

For Dr. Scruggs.

Editor MEDICAL WORLD:

Dr. Scruggs will obtain relief from the following:

℞ Ung. picis liquid.....
Ung. sulphuris.....āā ʒ ss
Acidi carbolici.....gtt. x
Sulph. zinci.....gr. x
Adipis.....ʒ j
M. et sig.—Apply to affected part.

Mineral Springs, Ark. A. M. MCCRARY.

Paraplegia from Spinal Injury.

Editor MEDICAL WORLD:

April 12th, 1887, I was called to see Mrs. S., aged 47, who had been thrown out of a wagon. I arrived less than an hour after the accident occurred; found her on the bed, dressed, shivering as though in an ague fit and complaining of severe pain in shoulders, neck and head. A careful examination revealed no apparent injury save a slight depression and projection over the 2nd and 3rd dorsal vertebræ; complete paraplegia existed from this point downward; arms were not affected; bladder paralyzed.

Diagnosis, fracture and partial dislocation with severe injury to spinal cord. Slight extension was used with manipulation, and the projecting part over the upper dorsal region, *i.e.*, the partial dislocation, easily reduced. Patient expressed herself as greatly relieved as to pain, and soon after asked for a cup of tea. Used catheter, enjoined absolute quiet as to position, left bromide of potassa and fld. ext. ergot to be administered as directed, and went home.

At 11 P. M., patient was sleeping quietly; perfectly conscious when awake; complained very little of pain; paraplegia unabated; used catheter, and anticipating fever left aconite and tinct. veratrum viride, four drops of the former and two of the latter to be given every two hours. Saw the patient early the next day in company with Dr. G. R. Christie, of Long Prairie, who at my request had been called. We found the patient delirious, pulse 90, temperature 106° F.

After thorough examination Dr. Christie's diagnosis coincided with my own of the previous day. No change in treatment.

April 14th, patient conscious, pulse 88, temperature 101°; moved bowels by injection; withdrew veratrum viride and substituted iron, quinine and brandy; applied strips of menthol plaster to the spine.

Very little change from the 14th to the 18th. A small amount of nourishment, milk, wine whey, peach juice, etc., taken each day. On that day patient had two unaided movements of the bowels, expressed herself as feeling comfortable, and was more inclined to take nourishment;

Digitized by Google

there had been, however, some bloating of stomach and bowels; during the afternoon patient said to her husband, "my feet feel as though they were asleep." I had arranged for Dr. Christie to meet me again on the morning of the 19th; before arriving at the house I met a messenger coming for me, who said Mrs. S. was very much worse. Dr. Christie arrived some ten minutes after myself. Her husband said she had him called at 2 A. M., told him she was about to die, and soon after became unconscious. We found a pneumonic condition of both lungs, with very pronounced crepitation especially posteriorly; respiration, 48 to the minute; pulse, 84; temperature, 100°. Patient died some eighteen hours later, during which time no medicine save stimulants was administered. Death came on very gradually and was seemingly painless. Post mortem refused.

Am positive that seat of injury was at the 2nd and 3rd dorsal vertebræ, that there must have been fracture, although slight, with small amount of dislocation and injury to spinal cord and membranes; that the injury was not higher than the 2nd dorsal vertebra is evident by her having free use of the arms. That she did not die directly from pressure on the spinal cord from an effusion between the theca vertebralis and cord, or from ascending myelitis, either of which are so apt to terminate these cases, is shown by the manner of her death. There was no pulmonary apoplexy or hemorrhage. Brethren, this was my first case of the kind. Was there any hope from the first? Wherein could the treatment have been improved? Will some one who is competent kindly review the case for my benefit and the rest of the youngsters.?

Pillsburg, Minn. J. F. LOCHE, M. D.

Pruritus Vulvæ.

Editor MEDICAL WORLD:

In answer to Dr. B. F. Records for a remedy for pruritus vulvæ in the last issue of MEDICAL WORLD, I advise the following, viz.:

℞ Argenti nitratis.....ʒ ij
Aquæ rosæ.....f ʒ j
S.—Apply to the affected part once a week.

Two to three applications suffice.

Internally:

℞ Arsenici iodidi.....gr. j
Aquæ destil.....
Glycerini.....āā ʒ jss
M. S.—Teaspoonful after meals in water.

Also Glauber's salt (that excellent cholagogue) in sufficient quantities to keep the bowels freely open and continued for sometime.

Evansville, Ind. J. PIRNAT.

N. B.—Worse than counter-prescribing. A few days ago a prominent physician of this place prescribed Glauber's salt for a young lady. She took the recipe to a prominent druggist, who instead of asking for the party's name for whom the prescription was to be filled, asked her simply: "Is this for a cow?" The lady replied blushingly: "Never mind filling it, mister; give me back the prescription." She went direct to another doctor, who took charge of the case. I suppose that if the doctor had prescribed Squibb's or Merck's sulphate of soda no such remark would have been made. Same thing happened a month ago in another prominent drug store. A banker was advised by a New York physician to buy himself one pound of Glauber's salt and use as needed. The druggist told him it was for cows and horses and cost five cents a pound. In consequence thereof he gave him something better.

Poison-Vine Eruptions.

Editor MEDICAL WORLD:

For twenty-five years and more I have used with uniform success the following application for eruptions caused by poison oak and other poisonous vines and plants:

℞ Plumbi acetatis,.....ʒ ij
Ammonii chloridi (crude).....ʒ ss
Aquæ, ...ʒ viij
M. S.—Keep the parts constantly wet with this, by frequent applications, or covering with cloths wet with the remedy.

I have cured cases with the above after all other remedies had failed, some of the cases being of several years' standing. In some of these old cases I have given sulphur and cream of tartar internally. I write concisely as you prefer short articles.

Ellicott City, Md. A. P. BURNES, M. D.

For Chronic Nasal Catarrh.

Editor MEDICAL WORLD:

I have found the following of the utmost benefit to those afflicted with the above affection:

℞ Liq. ferri subsulphatis.....f ʒ j
Aquæ destillatæ.....f ʒ iv
M. S.—Add a teaspoonful to two tablespoonfuls of warm water, then snuff up the nose from the hand. Use but once a day.

Troy, N. Y. H. C. MURPHY, M. D.

Neuralgia.

Editor MEDICAL WORLD:

I wish to inquire through the columns of your most excellent journal, the best and most approved treatment for facial neuralgia, or as Professors Austin Flint and G. B. Wood, two of our most eminent and distinguished authors and teachers, would say, trigeminal neuralgia. The patient for whom I desire treatment is a lady about 40 years old, who was married at 26

Digitized by Google

years of age, has been in delicate health all her life, has never had any children, and from all I can learn of the case she has suffered intense pain every month at the approach of the catamenial period, both before and since her marriage. She has been the victim of the most persistent piercing and lancinating pain, a "species of pain" as defined by the late Prof. Robby Dunglison, "which consists in lancinations or shootings, similar to those that would be produced by the introduction of a sharp instrument into the suffering part." I will add that she has been a dyspeptic for many years; her appetite is good but she cannot indulge it, from the fact that an overloaded stomach will in every instance produce a violent attack of neuralgia. At one time I thought it due to some roots of old teeth, and extracted them both from the upper and lower jaws. She derived no benefit from the extraction of her teeth. She is anemic, and suffers from nervous depression. As regards the former treatment of the case, I have used every remedy that any medical work I have mentions, both as local and internal remedies; such as morphine, quinine, Fowler's solution, the different preparations of iron, gelsemium, tongaline, and a host of other remedies. The pain always commences in the top of the head, and invariably settles in the left eye and temple. Sometimes cloths dipped in warm water and applied over the eye will give relief, but not always. I am fully aware of what a hard thing it is to treat such a case, but perhaps some of the many readers of THE WORLD may be able to assist me, for which I will be very thankful.

Benton, Miss. R. C. McCANN, M. D.

Decolorized Tincture of Iodine—Frost Bites.

Editor MEDICAL WORLD:

After a great many experiments I have settled on the following: Introduce about a dram of granular sulphite of soda into a bottle; add two ounces of tincture of iodine, shake until it turns a yellowish white color, then add another ounce of iodine, shake; if it fails to turn a yellowish white color, more soda must be added. When it has turned to the yellowish white color, add from half dram to a dram of aqua ammonia and shake, and the mixture will instantly turn white. Filtering through absorbent cotton will remove a part of the soda; the balance will settle after standing and leave a liquid as clear as water.

Equal parts of dilute nitric acid and aqua menthæ piperitæ painted on frost bites has relieved the burning pain and soreness, in my hands. S. J. SMITH, M. D.

Charlotte, N. Y.

Treatment Wanted.

Editor MEDICAL WORLD:

Since 1876 I am suffering with indigestion; when I eat anything or even drink water, there is a great distress in my stomach; after a few hours I find my bowels filled with gas, and there is colicky pain therein. I have a dry, sticky taste, especially on arising in the morning. I suffer with vertigo and dazzling before my eyes. I cannot sleep well at night, I am extremely weak, have a dry, hacking cough and cold feet, often my bowels are loose, and sometimes I pass blood; I look healthy and weigh 185 pounds.

Can you give me a treatment for such a case? Or will you ask the contributors of your journal to give their treatment? J. L. P.

[Try a cup of hot water before meals, with a little soda in it.—ED.]

Treatment for Hay Fever.

Editor MEDICAL WORLD:

I have used the following with remarkable relief:

℞ Acidi tannici.....gr. j
Tinct. belladonnæ.....gtt. x
Cocainæ muriat.....gr. x
Aquæ destillat.....f℥ ss
M. S.

Use with an atomizer when required.

We now thicken the nasal membrane at the diseased point with strong acetic acid, and in some cases radical cure results therefrom.

Baltimore, Md. JAMES BILLINGSLEA, M.D.

Premature Birth, with Viability.

Editor MEDICAL WORLD:

In reply to J. C. Paslay, M. D., of Brinkley, Ark., on page 59, of February WORLD, wishing to know the "youngest possible age for a child to live in premature birth," I will say, on the 27th of January, 1883, I was called to see Mrs. S., who had been striving to prevent abortion for the past twenty-four hours. Some two hours after my arrival, she was delivered of a live child, entirely too small, I thought, to try to save, and told the nurse to lay it aside for it would be dead soon. An hour had passed and the child still making a snuffling noise, the nurse made ready to dress it for the grave. After the grandma had put on all of its clothes, the scales were brought and it weighed *one and three-quarter pounds*. The mother affirmed then, and continues to say, that she had been pregnant only five and a half months. Being alive the next morning, a nursing-bottle was applied to its mouth; it could make but one or two draws at a time. Having the best of attention, the child continued to live and is alive at this writing. At one year of age it

Digitized by Google

weighed thirteen pounds—then grew rapidly, and now, no one would suspect the fat, rosy and pretty girl of four years old, and of the usual size, was a premature birth of five and a half months — weighing one and three-quarter pounds. The baby was six months old before it was strong enough to cry. This is the youngest to live in an experience of thirty-five years.

Snyder, Ark. R. A. BETHUNE, M. D.

Veratrum in Eclampia.

Editor MEDICAL WORLD:

If the great MEDICAL WORLD can find space in her crowded columns to report my experience with "veratrum viride" in puerperal convulsions, I would be glad if she would do so, as I wish to hear from the profession on the subject.

I was called to a patient a few months since. She had been in labor about eight hours, had had a convulsion about three hours before I arrived, and was attacked with a second one soon after I got there. I gave her about thirty grains of bromide potassium, which had very little effect; and as I remembered reading an article from some medical brother who derived excellent effects from the use of veratrum viride, I decided to try it.

I gave my patient twenty drops of Norwood's tincture; it acted splendidly and her third and last convulsion was much less severe than the first two. I gave her twenty drops more, soon after her third convulsion, and with some difficulty succeeded in delivering her soon after the last dose. The veratrum viride caused considerable vomiting, which was checked by twenty drops of laudanum, and my patient was soon sleeping quietly. I ordered a mild laxative to be given her, which acted like a charm, and my patient was soon in a state of convalescence. Would like to hear from some of the readers of THE WORLD on the subject, and if any have ever used veratrum viride in combination with laudanum; if so, with what effect.

T. H. WEATHERSBY, M. D.

Little Springs, Miss.

Typho-Malaria, Hour-Glass Contraction, Etc.

Editor MEDICAL WORLD:

I think the March number of THE WORLD a superior one. It seems to "grow gooder and gooder." Long may it float triumphantly on the waves of prosperity.

I hope that no one will have the temerity to "annihilate" Dr. Stevens. I have never recognized any such fever as "Typho-Malarial," as we have no such disease in this section as typho (tuphos) or typhus. In a correspondence with Prof. Cabell, of the University of Virginia, some dozen years since, I proposed the name, Malario-typhoid for such a mongrel disease, if it existed at all. I think it unfortunate that Dr. J. J. Woodward should ever have suggested such a name as "typho-malarial."

In 1885 I attended a young lady, seventeen years of age, who suffered from a very protracted spell of typhoid fever, in whose system the malarial element seemed perfectly dormant until convalescence from the fever was established; she then had regular tertian chills and fever, which were easily controlled by quinia. I think that she had as many as three attacks or repetitions, before the proper means were used to arrest them.

More than fifty years ago negroes in Virginia drank "a tea made of sheep's dung" to make the measles break out. Possibly the vegetable elements of which it is composed may give it some therapeutic virtue.

Did you ever know an hour-glass contraction to occur during parturition? I was in attendance on a lady in a case of premature labor with foot presentation, which seemed to be progressing satisfactorily, when suddenly it came to a dead halt, and positively refused to advance another inch under the extensive force of very strong parturient throes! As the fœtus lacked three or four months of reaching full maturity the case puzzled me much. On making an exploration with my hand I was actually scared, for it appeared that the head (a regular monstrosity) had developed in the uterine wall. The uterus had contracted so firmly and tightly around the child's neck that they produced the impression on my mind by palpation, that neck and uterus was one inseparable growth! But I worked and tugged at it until the woman was delivered of her monstrosity, and I was delivered too—of a *load* of anxiety and uneasiness.

Dorset, Va. J. L. DORSET.

P. S.—IN reading an account of Beecher's death, caused by effusion of blood on the brain, the idea occurred to me, that, possibly, temporary relief might have been obtained by trephining his cranium and removing the blood. Is such a suggestion, touching an operation under such circumstances, plausible or reasonable? Dupuytren plunged a bistoury into an abscess situated in the brain of a patient, to evacuate the pus for his relief. So Prof. T. D. Mutter informed me.

Typhoid Fever.

Editor MEDICAL WORLD:

Enclosed you will find a list of questions upon typhoid fever. The answers can be sent to me. Answer by number.

1. What are the four most distinctive symptoms of typhoid fever?

Digitized by Google

2. What is the cause?
3. What is the length of the incubation?
4. What symptoms will you probably find on your first visit?
5. What will be the average duration?
6. What is the average mortality?
7. Is it greater or less in children?
8. Does one attack confer immunity from succeeding ones?
9. How many days will the temperature continue to rise?
10. At what hours of the day should the two observations be made?
11. Does the fever leave by crisis or lysis?
12. In case of a doubtful diagnosis what post-mortem appearance would be decisive?
13. What changes may be noticed in the heart-walls in color and consistence?
14. What changes in its fibres would the microscope detect?
15. What organ would show most change in size?
16. By what two other names is typhoid fever often written of?
17. At what season of the year is it most prevalent?
18. Is there more or less in malarious districts?
19. Should mild cases of typhoid be kept in bed?
20. In what region is gurgling of the bowels first detected?
21. What characteristic symptom does the skin furnish?
22. What causes the sudamina?
23. About how rapid will the pulse be?
24. The respiration?
25. About how high the temperature?
26. Reaching what temperature would render the prognosis fatal?
27. What complication would a sudden fall in temperature indicate?
28. A sudden rise?
29. What is the condition of the mind?
30. What causes the deafness?
31. What are the symptoms of the typhoid state which precede a fatal termination?
32. Is the prognosis rendered better or worse by the occurrence of hiccough?
33. By epistaxis?
34. By the idea that they are not sick?
35. By constipation?
36. How does the temperature curve of acute tuberculosis differ?
37. Of the exanthemata?
38. What are the causes of death in typhoid fever?
39. What is the color of the alvine discharges?
40. What color if there be hemorrhage?
41. How would you disinfect the discharges?
42. How would you dispose of them?
43. By what means would you control the hemorrhage from the bowel?
44. The tympanites?
45. The epistaxis?
46. What is the final resort in epistaxis if very severe?
47. At what temperature would you keep the sick room?
48. What diet would you give?
49. How would you ventilate the room?
50. In what way is the disease transmitted from the patient?
51. What remedies would you recommend for the early vomiting?
52. For the diarrhœa, if excessive?
53. If the bowels did not move for three days, what would you do?
54. The reaching what temperature would call for interference?
55. How would you reduce temperature?
56. When would you administer alcohol?
57. How do you prevent the formation of bed-sores?
58. If a delirious patient requires restraint how would you do it?
59. If one leg should become cold and livid late in the disease, what has happened?
60. How do you avoid hypostatic congestion of the lungs?
61. If pneumonia supervene upon the fever, how will the treatment be altered?
62. Is perforation of the bowel always fatal?
63. What is the principal treatment in case of perforation?
64. If the fever take an uncomplicated course, how would you treat it?

Cortland, N. Y. F. W. HIGGINS.

Stammering.

Editor MEDICAL WORLD:

If Dr. O. Baum will instruct his patients to hold a piece of cork or any hard substance between the molar teeth while talking, so as to keep the lower jaw immovable, and tone up the nervous system, his patient will soon be rid of their trouble.

Belladonna has some remedial properties in small doses.

I admire Dr. C. C. Benson's remarks on headaches, page 309, MEDICAL WORLD, '86, but think he has left out the most important part, viz., treatment. Dr., give us a few suggestions.

DR. G. HARGRAVE TREADGOLD.

Marysville, Mich.

Digitized by Google

The Morphine Habit.

Editor MEDICAL WORLD:

Mr. G. came to me to be cured of the morphine habit. Occupation, carpenter; age, 47. He was then taking *forty grains* of morphine daily.

My plan was this: I first reduced him one-half the amount he was taking in three days; gave it with five drops of tincture nux vomica and one grain of cinchonidia to each dose. I also put him on the tincture avena sativa, five drops every three hours.

After three days more I reduced the morphine he had then been taking to one-half, and increased the nux vomica one drop and the cinchonidia one grain to each dose, and increased the tincture avena sativa to ten drops every three hours. So on, every three days diminishing the morphine one-half, and increasing the nux vomica and cinchonidia and the avena until the morphine was left out. Then I put him on a tonic of iron, gentian and quassia, with the avena, forty drops every two hours. After a week of this treatment I commenced to cut off the avena and put him on "beef, iron and wine," and finally left off the avena entirely and kept him on the beef, iron and wine for a week more; then left off that, and now he is not taking anything; bowels regular, appetite the best it has been in ten years, and he has gained ten and a half pounds. Has no desire for morphine.

He is now able to shave himself. I gave him pinus Canadensis for diarrhœa, which it held in check. I also had to prescribe for his kidneys, which were in a bad condition. I think any case can be cured on this plan. I cannot find any account of a case which took morphine in so large a quantity as this; if any exists I would like to hear of it. This man was under treatment about six weeks. F. R. COE, M.D.

Sand Bank, N. Y.

Practical Points.

Editor MEDICAL WORLD:

Allow me to present the following:

RINGWORM, AND GRANULATED EYE-LIDS.

I have cured the worst cases of both with a pure, *fresh* piece of the root of chelidonium majus in the former; but mixed with twice or thrice as much pure olive oil or vaseline in the latter disease.

The meconopsis diphylla is more effective in severe cases, but as it is many times more acrid than the chelidonium, must be used with more precaution and in a more diluted condition.

Mrs. G. N. S. was cured by the chelido-

FOR DYSMENORRHEA.

℞ Fl. ext. viburnum prunifolium.....℥ ij
" senecio aureus.....℥ ij
Dewees's volatile tinct. guaiacum...℥ xij

M. S.—One teaspoonful in new milk before meals three times a day, *between* attacks; one in three hours *during* attacks, and use a hot sitz-bath 95° or as hot as can be borne *with comfort*.

Seldom fails of a cure if there is no strumous diathesis.

FOR UTERINE HEMORRHAGE.

℞ Fl. ext. senecio aureus.....℥ ij
" viburnum prunif.....℥ ij
" secale cornutum.....℥ j

M. S.—One teaspoonful every fifteen minutes in a little cold simple syrup, or syrup of tolu.

If the case is a bad one, remove all but one pillow, apply cold compresses over the suprapubic region, and give tablespoonful doses till better, then reduce the dose. The addition of spirits, or oil of nutmeg, enough to change the taste is a good thing.

DIABETES INSIPIDUS.

Mr. William Murphy, a farmer, was severely affected with diabetes insipidus. I gave him an ounce of a strong tincture of apocynum androsæmifolium, directed him to take ten drops three times a day. He took twenty drops! and in a fortnight was sound and well. (This dose is too large for some people.)

DYSPEPTIC GASTRALGIA.

Having a pint of alcohol (95°) left over from the making of the other tinctures, and having arbor vitæ trees growing in the yard, I took about three ounces of leaves and made a strongly saturated tincture. Not long afterwards I was suddenly seized with violent colicky pains after having eaten something at dinner a little too strong for my stomach. A teaspoonful of the arbor vitæ tincture was mingled with about two ounces of hot water, and taken when cool enough to swallow. The gastralgia was immediately and permanently relieved.

COCKROACH IN THE EAR.

Mr. Jacob Holman came to my office with a cockroach in the left ear. The insect had been pinched in two, and portions removed. His ear was bleeding from the use of hair pins, forceps, etc. I took a basin of warm watered milk, filled a Davidson syringe, made a forcible injection or two, when the whole of the insect that remained came away.

Galveston, Ind. DR. S. F. LANDRY.

Perforation in Typhoid.

Editor MEDICAL WORLD:

I see you have no confidence in the opium

Digitized by Google

open the abdomen, wash out the cavity and repair the intestine. I must say that I would rather take my chances with opium.

Let me give you a case that came under my care in a U. S. military hospital in 1863.

I had a case of typhoid fever in the advanced stage. It was a case of medium severity—it occurs oftenest in cases of medium severity some writers tell us. He was seized suddenly with pains as though he had coals of fire in his abdomen. He yelled tremendously. I was at his bedside in five seconds. I thought I had a case of perforation of the intestine to deal with. I gave him two drachms of the tincture of opium and awaited the result. He felt that it was relieving him and begged for more medicine. I gave him more but not in such large doses. I directed it to be kept up according to circumstances, with absolute rest and liquid diet. He recovered. I am sure that any physician would have made the same diagnosis under the same circumstances. Perhaps the result did not justify the diagnosis.

Had I such a case again, I would inject morphine for immediate relief, and would keep up the effect with the deodorized tincture of opium or laudanum given by the mouth.

At that time I had never seen the hypodermic syringe or fever thermometer used.

THOMAS H. HAMMOND, M. D.

Oxford, Florida.

Pruritus Vulvæ.

Editor MEDICAL WORLD:

In the April number of THE MEDICAL WORLD, page 119, Dr. B. F. Records asks for a remedy for this distressing disease. I cured an unmarried lady, aged 28 years, with the following application:

℞ Ung. hydrarg. nitrat.,.....3 ij
Acidi carbolici.....gtt. x
Vaselinæ,.....3 vij

S.—Rub in well night and mornings, and at any time when there is itching.

It must be remembered that the trouble is often caused by some disease of the internal genital organs, and that this must be first cured before relief can be obtained. The above named case, a beautifully formed little lady of 90 pounds weight, had anteflexion and prolapsus of the uterus, of which I will write later. I cured a gentleman 65 years old of pruritus of the scrotum, etc., of 25 years standing, and other cases with the above.

A. P. BURNES, M. D.

Ellicott City, Md.

Pyopericarditis following Periostitis.

Editor MEDICAL WORLD:

On February 2d, was called 15 miles from town to see Charles T——, age 13. Some three weeks previously, on coming home from school, he complained of pain in the left knee. This continued to grow worse for a week, when he took to his bed. A neighboring physician was consulted, who, judging from the report, thought it rheumatism, and prescribed accordingly. He continued to grow worse, and on the refusal of the first physician to go so far in the country, I was called. Found the patient in a typhoid condition. Pulse 140, temperature 103½° F., dry brown tongue, some delirium, bowels regular, lungs clear, no abnormal heart sounds. Found a diffused swelling on right knee, extending above and below three or four inches, slightly reddened, very painful to the touch. Gave digitalis and quinine internally, and warm anodyne lotions to the knee.

February 5th.—Pulse 120°; temperature 100½° F.; pain and swelling gone from right knee; left knee affected same as right had been; continued treatment excepting the digitalis.

February 15th.—Pulse 120°; temperature 101½° F.; pain in left breast near the nipple; increased on inspiration; "catching" respiration; friction sounds in lower part of left breast; applied warm poultices; continued quinine; gave morphia to subdue pain; also syr. ferri. iodidi ʒss four times a day.

February 22d.—Pulse 128°; temperature 101°F.; left knee much swollen, with fluctuation; an opening anteriorly over head of tibia; opened posteriorly to give better drainage, and drew off a large quantity of clear pus; pain and swelling in left gluteal region and in left elbow; no fluctuation; flatness in lower part of left lung; could not lie on left side.

February 27th.—Messenger came saying he was much worse, complaining of great pain in region of heart; advised consultation and Dr. J. D. Irgens, of this city, was called.

Found temperature normal, pulse 140°, and respiration 40°; pericardium enormously distended with fluid; considerable œdema of lungs. Fluctuation in left gluteal region, and we cut down to a large abscess. Gave digitalis and promised to return the next day with an aspirator and tap the pericardium.

February 28th.—Found patient weaker than the previous day, with an irregular dicrotic pulse.

We introduced a medium sized aspirating needle into the pericardium, making the puncture 2¼ inches to the left of sternum in the 5th intercostal space, and drew off 4 ounces of clear

Digitized by Google

pus. We then made a free incision one inch long in the same place, and introduced a drainage tube. Pus flowed in a stream for two hours. The outer end of drainage tube was left in a pint bowl. The operation was well borne. Stimulants were given during and after the operation.

March 1st.—Pulse 120°; temperature 102°; respiration 26 per minute and easier.

Three pints of pus had been discharged in the twenty-four hours since we left him. I inserted a larger drainage tube, and connected it with an 8-ounce bottle, which I suspended from the side of the bed; this was filled in half an hour.

I then injected three ounces of a one per cent. solution of carbolic acid with a fountain syringe. This was done at 3 p. m. At 6 p. m. on the same day he had a severe chill, followed by slight diarrhea.

March 3d.—Pulse 112°; temperature 101°; had discharged thirty-two ounces of pus besides the injected solution, which had been injected three times daily. Bowels regular, took milk and stimulants freely.

March 5th.—Heard from him; he had been delirious when asleep; pulse apparently about the same; bowels regular; took milk freely, with three ounces of brandy every twenty-four hours. There was but slight discharge through the tube; it was thin and bloody; abscesses in the knee and gluteal region entirely healed.

March 9th.—Was called and found him sinking; pulse 160° and feeble; respiration 60°. He died on the morning of the 10th.

During the first eight days after we opened the pericardium, he discharged from the pericardium alone, as near as we could estimate, over one gallon of pus—most of it during the first four days.

I report the case because I think it interesting and somewhat rare. I can find no case on record where such an enormous quantity of pus has been discharged from the pericardium. Could I have seen the patient as often as I desired, and had him under better hygienic surroundings, with better care, the result might have been different.

He was obliged to lie in a kitchen of a small farm house, with other children and frequent visitors to disturb him, and was often left during the greater part of the night without watchers.

Sioux Falls, Dak. A. H. TUFTS.

Don't Write Prescriptions.

Editor MEDICAL WORLD:

After endorsing all said by I. D. Kelly in May number, I would like to add that there never would have been any cause to complain of druggists prescribing, if the profession had exercised ordinary business sense. Until human nature becomes perfect we must deal with it as we find it. While the profession may look upon a prescription as a message to the druggist, the party who has obtained one looks upon it as a chattel property; something bought and paid for. The courts view the matter in the same light.

Fifteen years ago, when I first came to this place and before I had fixed up an office with medicines, etc., I had a large run of venereal work. For gonorrhea I used Velpeau's compound. Notwithstanding my patients were cured promptly, I found that class of work suddenly falling off. I knew from reports that there was no scarcity of the disease. One day I went into a drug store and found the druggist filling and placing on his shelves a lot of boxes filled with my prescription. He was getting a splendid trade on it at a dollar a box. I afterwards learned that he was telling his patrons that there was no need of paying me ten dollars, that he was using the same remedy I was.

The subject interested me. I never spoke to the druggist about the matter, but quietly determined that he would never have another chance to peddle on my name. I kept track of the subject and found about one hundred cases that had been cured by my prescription. These cases would have been worth a thousand dollars to the profession of the town.

There is another point I discovered while investigating the money part of this prescription business. One-half of the human family are so infernally self-conceited that under no circumstances will they accord credit to any one for superior knowledge. To this class a successful doctor is one who simply uses good remedies. If they can by hook or crook get hold of his remedies he can go to the devil. I love to get ahead of this sort, and do it by not giving prescriptions or telling them in plain language what they are taking. When these want one of my remedies which had done one of the neighbors so much good, they have to come to headquarters for it.

I once gave a party a prescription for infantile eczema, and a year afterwards discovered that the bottle had traveled the rounds of the town, having been filled for several families.

Prescriptions that cost over two dollars to fill, I invariably send to the druggist, for two reasons: First, if I fill it and charge for advice and medicine the patient grumbles. I had rather the druggist should catch it than I. Second, expensive mixtures are not handed around even if the patient copies it in his little book.

I find that it pays well to furnish to both pay and charity practice. One good recipe

Digitized by Google

turned loose in a community will reduce the income of a faculty to a considerable extent. I imagine that this is one of the reasons why so many competent doctors fail to make money.

H. O. HYATT.

Items from the Pacific Slope.

Editor MEDICAL WORLD:

In answer to the query of Dr. Betz (March No.), "Why do one-fifth to one-half of all medical bills remain unpaid?" Would say it is the fault of the physicians themselves, especially the "old timers," who have been "slow collectors," and have allowed the laity to adopt the habit of paying their doctor bills *last*. I heard a very sensible man remark, only yesterday, that he "never knew a doctor who was a good collector but what was a good physician." Because if he had "mettle enough" in him to collect his bills, he would have ambition enough to keep read up in his profession. If all the physicians would follow up their patients for bills due, immediately after recovery, and send their statements out monthly, in a business-like manner, they would find themselves in better financial circumstances. Because the people would soon look upon the doctor as a man of business and energy, and not as a *dependent* fixture in the community. Some may say, "Well doctor, there are a great many poor; what will you do with them?" We say, attend them, but charge them, and if they *cannot possibly pay*, let them know they are *subjects of charity* and make them a present of a *receipted* bill. Those that can pay, and won't, you are better without their practice. They will respect you more if you say: "My friend, before I go again you *must* settle your last bill before you make another." To the statement of such individuals the following verses should be attached:

"The doctor like an angel seems'
When he into the sick-room brightly beams,
And like unto a God is he
When he's removed the malady.

But in a different light we view
The doctor when his bill is due,
Our lifted eyes we at him level,
As though he were the VERY DEVIL."

The typho-malarial fever, so much written about of late in THE WORLD, is our mountain fever of this western country; and the best line of treatment I have found for it in our somewhat extensive practice in that particular ailment, is, first, stimulation from the beginning, with milk, or light foods, every two or three hours, preceded by a dose of the following:

℞ Acidi hydrochlor. dil.....3 iij
Pepsinæ sac. (Scheffer's).....3 ij
Glycerini.....ʒ i
Aq. .....ad.....ʒ iij
M. S.—3j in water before milk or food.

This will be grateful to the stomach and assist in keeping down fever as well as keep the digestive organs in good order, which we consider of primary importance. In many cases this is all the medicine needed. If patient's stomach is upset at the commencement of attack, we give the following mist:

℞ Acidi carbolici.....gtt. vi
Pepsinæ saccharat.....3 j
Bismuth submit.....3 jss
Glycerini.....fʒ vj
Aq. menth. pip. ad.....fʒ ij
M. S.—fʒi pro re nata until stomach is settled.

If the fever runs up to 104° and pulse 120, give some digitalis with the brandy and grs. v. quin. sulph. and pulv. opii. et. ipecac. every two hours until skin moistens up, and patient quiets down. Sponge occasionally.

Another ailment prevalent in these parts, and treatment asked for, is nasal catarrh. We have had excellent results from the following:

℞ Acidi carbolici.....gtt. xv
Ext. hydrastis Can. fl.....3 j
Sodii bicarb.....
Sodii biborat.....āā....3 j
Glycerini.....ʒ j
Aq. camphoræ, ad.....ʒ viij
M.—Use with spray posterior and anteriorly.

If there is much hypertrophy of membranes use "Buttle's Inhaler," with crystals of iodine between the sponges night and morning.

A short time since I was called to visit a lady who had lately been confined. On my arrival I was greeted with, "Oh, doctor, our baby; do give us something for it; it cries all the time, we are all worn out." "Oh, yes, my good lady, we will see what is the case." Hunted for it; found nothing but a little enteralgia. Then we prescribed Dr. Fothergill's ℞, ol. cajuput, pot. bicarb. and aq. anethi. mist—no good. Then tr. opii. camp., pot. brom., spts. ammon. arom., aq. ment. pip., and in fact everything in the carminative line we could think of, and all to no avail. Then—, what's to be done? Shall we yield the case to Mother Winslow's soothing syrup? No! when lo! parents' report we "just hit the spot" in the following mist:

℞ Sodii brom.....
Chloral hydratis.....
Sodii bicarb.....āā....gr viij
Tr. cardamomi comp.....3 ij
Ol. anisi.....gtt. ij
Syr. tolutani.....ʒ iss
Aq. ad.....ʒ i
M. S.—3ss to j every half hour until relieved.

Thinking perhaps some young medico may profit by the above, and not wishing to trespass on your valuable space, I will say, success to THE WORLD. We look anxiously for its appearance every month.

Pilot Rock, Oregon. YOUNG SAWBONES.

Digitized by Google

Case in Obstetrics.

Editor MEDICAL WORLD:

I have just had an interesting case of confinement. My patient (a primipara twenty-four years old, of small build, weighing ninety pounds) had been in labor for twenty-four hours. I found the soft parts very rigid, os dilated about two inches, child presenting, but high up; after waiting for nearly twenty-four hours (pains quite severe, os becoming fully dilated, the head not engaging, patient becoming worn out with labor), I sent for Dr. R., who came, and gave chloroform. I delivered with the long forceps a child weighing nine and one-half pounds, tearing the perineum clear through into the rectum. Dr. R. and I immediately restored the perineum with four silver and three silk sutures.

I ordered the nurse to give the mother vaginal injections twice daily; and on the ninth day I removed the sutures and found perfect union. I called on her yesterday, found her up and dressed, feeling, as she said, "as well as ever," and the baby doing finely.

Boonville, N. Y. J. W. DOUGLASS, M. D.

My Idea in Obstetrics and Diphtheria.

Editor MEDICAL WORLD:

I have attended 671 women in confinements, have had one case of lacerated perineum, always give fl. ext. secale cornutum as soon as the child is expelled, never have seen any bad result from it. I never go to attend a confinement except I take the forceps along; have always used the bandage.

I have had many hundred cases of diphtheria, used several different remedies; for the last nine years I have found the following to prove best in my hands, and will stick to it until I find something more reliable.

℞ Aq. calcis chloratum.....f℥ ij
S.—One teaspoonful every second hour as a gargle.
℞ Potassii iodidi.....gr. xx
Syrupi.....f℥ ij
Aquæ.....f℥ x
M. S.—One tablespoonful every second hour as a gargle. Both remedies mixed together when used.

Externally, I use a towel folded four to six times, wrung out of cold water, applied to the neck, and wrapped in hot flannel. I do not disturb the membrane or irritate the surrounding tissues; give diuretics from the beginning, tr. veratrum viridis for fever, and tonics if needed.

Martell, Wis. DR. J. F. JOHNSON.

Dr. O. W. Burhyte, of Brookfield, N. Y., remits for continuance of subscription, and writes: "I take a number of medical journals that cost more than THE WORLD, but it is the best of all. The Electro Therapeutical department that has just been started, is a grand thing. It will be a great help to physicians who read it. The editors of THE WORLD have their eyes and ears open to the wants of the medical profession."

Prairie Itch.

Editor MEDICAL WORLD:

Dr. Stocum is correct as to eczema papulosa being the name of the nameless itching disease. In this part of the State it has been raging for over a year, and is known as "The Itch."

The worst cases I saw were during the winter months. With some the eruption seemed to be limited, while on others it gradually crept over the whole body with the exception of the face. The surface is tense, swollen and red, the minute vesicles speedily increase in size, and become filled with limpid serum. In mild cases the serum becomes absorbed, the vesicles dry up and form thin dry crusts, sometimes scales, which are soon thrown off and leave redness of the skin. In bad cases the vesicles become confluent, burst, form dark brown crusts, and leave underneath an unhealthy state of ulceration. The ichor from these is very irritating and increases the extent of excoriations. The itching is intolerable, scratching is a natural consequence, but unfortunately it leaves the derma raw and induces intense burning. Under treatment it lasts from two to three weeks; bad cases longer.

My treatment in the first stage is:

℞ Plumbi acetatis.....℥ j
Acidi carbolici.....℥ j
Extr. belladonnæ fluid.....f℥ ss
Glycerini.....f℥ ij
Aquæ.....f℥ vi
M.—Fiat solutio. S.—Apply cloths wet with this solution to affected parts, and when dry, moisten again and apply.

This will ease the itching and subdue the severe irritation. Internally I give:

℞ Magnesiæ sulphatis.....℥ iv
Acid. sulphurici arom.....f℥ ss
Tinct. gentianæ.....f℥ ij
Aquæ.....f℥ ij
M. S.—Teaspoonful in plenty of water after each meal.

It will keep the bowels in a soluble state and reduce the cutaneous congestion.

In the second stage, after the skin is broken, I use the same mixture, but in lieu of the lotion, this ointment:

℞ Acid. carbolici.....℥ j to ij
Zinci oxydati.....℥ j
Cosmolini.....℥ j
M.—Ft. ungt. S.—Apply two or three times daily, or as often as necessary.

In the third stage, when ulceration is going on under the crusts, I apply poultices to soften them, and as soon as they fall off, I apply the same ointment or ungt. hydrargyri ammon. U. S. P.; and in place of the above mixture, I give tonics with iron. Under this treatment I have no trouble with e. papulosa.

In answer to Dr. Lewis' request I will give two formulas for Dr. Sage's catarrh remedy:

Digitized by Google

℞ Salis culinaris .....parts xx
Pulv. camphoræ.....part j
Acidi carbolici.....part j
M.—To be dissolved in water and either injected or sniffed up the nose.

℞ Pulv. hydrastis Canadensis.....parts v
" indigo..... " ½
" camphoræ.....
Acidi carbolici.....āā.... " ij
Sodii chloridi..... " L
M. Both from *New Remedies.*

I fully endorse the suggestions of Dr. Houpt in regard to the Chautauqua plan. Let the curriculum be as practical and exhaustive as possible and all our members will be benefitted.

Smyrna, Tenn. H. J. WARMUTH.

Shoulder Presentation.

Editor MEDICAL WORLD:

A case was reported in the May WORLD, 1886, page 178, entitled "A Remarkable Obstetrical Case." I will now report a similar one, but with a much better termination. It occurred in November 1880; and, with the exception of its not being the first child, was a very analogous case. She had had two children before, the first one a very difficult labor, on account of the enormous size of the child, and a contracted, unyielding pelvis, she being over 30 yrs. old, and the child (a boy) weighing 13 or 14 lbs. The presentation was natural, but there was not room for the head to pass out, and I had to perform craniotomy. The patient was unconscious all the time, from a large number of puerperal convulsions before the delivery, and did not recover her reason until the next day. She made a good recovery, and had no trouble with the next child, it being a girl, and much smaller. But when it came to the third labor, which I now propose to describe, her difficulty was greater than at first, on account of the large fœtus, and its peculiar presentation. In fact, it didn't present at all, as only one arm came down after she had been in labor nearly two days. It seemed to be impossible to reach with your hand the rest of the body, as it appeared to be horizontally across the top of the pelvis, which afterwards proved to be the fact. Finding I couldn't accomplish anything without assistance, I sent for Dr. W., the nearest physician. We concluded that the only chance for our patient's life was a dissection of the child, and removal piecemeal. I will here state that there were no convulsions to contend with on this occasion. We put her under the influence of Squibb's chloroform, and went to work on the child, first amputating its arm at the shoulder joint, and then attempting to dissect its body; but, on account of its being so high up in the abdominal cavity, we were unable to accomplish anything of consequence. After working with our patient all night, and using up all our chloroform, we began to consider our case a hopeless one, and my assistant proposed to give the case up; but as the woman seemed to have a good deal of vitality left, I persuaded him to persist. I sent a messenger to my office, a distance of six or seven miles, and secured all the chloroform I had on hand. By the time it arrived she had recuperated a good deal, and we went to work with renewed hope. We finally succeeded about 10 o'clock, A. M., in getting the child down into the pelvis far enough to reach it with the forceps, and extracted an enormous boy, weighing altogether nearly 15 lbs; after keeping our patient under the influence of chloroform, off and on, about 15 hours. However, we didn't render her entirely unconscious, but just gave her enough to deaden the sensibility. The patient made a good recovery, as she did on the first occasion, and has borne two or three children since, without more than the ordinary trouble of labor. Now I consider this as equally remarkable as brother Thompson's case, if not more so, as our patient was much longer under the operation. But she might have had a stronger constitution, and consequently more vitality. In this connection I would like to say that last fall I had my first case, in a practice of 17 yrs., of procidentia of the cord, during delivery, and lost the child. Is this the usual result from such an accident? It seemed to be caused by the patient getting up on her knees and bearing down once or twice in that position. K. TAYLOR, M. D.

Hanesville, West Va.

Opium in Labor.

Editor MEDICAL WORLD:

In the December issue of THE MEDICAL WORLD I noticed an article by S. Haynes, M. D., entitled "Opium in Post Partum Hemorrhage." I could not have written my own experience in any different language. Two years ago last December I was called to a case of confinement (first labor). After waiting four hours with the os well dilated and the pains very severe, and making very slow progress, my patient said, "if she could only have ten minutes rest," and as she kept repeating the words it occurred to me that I had seen opium recommended in such cases. So after six hours severe pain I gave (with some fear) ¼ gr. of morphia. I was gratified to find my case progressing rapidly, my patient appearing to notice the pains very little, and in one hour and twenty minutes the child was born; and I never had a case to do better.

Since then I give morphine in all such cases, and never yet saw any bad symptoms from the treatment.

Digitized by Google

It does ease the patient, and it acts on the uterus like ergot, with the exception of causing less suffering.

I think should physicians generally give this a trial, we would soon see the question of its utility put beyond doubt.

I hope this may be of some benefit to those who read THE WORLD, and that we may see more on the same subject.

Ashland, N. H. A. R. GAREY, M. D.

Antipyrine.

Editor MEDICAL WORLD:

I have used antipyrine with marked success for the past winter, and for the benefit of those who are not using it, will give a report of a few of my worst cases:

Case 1. Child æt. 9 months. Pneumonia with whooping cough; temperature, 104°; pulse, 150; respiration, 50 per minute; coughing very severe. Administered antipyrine gr. 1 every three hours. Improvement from the first dose, and made a rapid recovery without the aid of any other medicine, excepting castor oil which was given as needed to relax the bowels.

Case 2. Child 14 months old. Bronchopneumonia; temperature 103°; pulse, 145; respiration, 40 per minute; continual coughing. Gave antipyrine in 3 gr. doses every three hours; made a good recovery.

Case 3. Was called in consultation with Dr. X., and found patient, young man 18 years old, with pneumonia, pulse down to 45 and very weak, respiration very quick and short, mouth dry and parched, temperature 104°. Patient was unconscious. The Dr. had been administering veratrum and sulph. quinine, and lastly pronounced the case hopeless. I ordered all medicine stopped and ordered antipyrine gr. x every three hours. Also, ipecac, pulv. co., gr. iij every three hours. Patient commenced improving from the first dose and made a rapid recovery.

I could give a long list of cases but it would only be a repetition of the above. I would like to hear from others on this subject.

Spencerville, O. J. R. WELCH, M.D.

As long as I am permitted to inhabit the natural world I shall remain a reader of THE MEDICAL WORLD.

Selma, N. C. W. B. CRAWFORD, M. D.

Editor MEDICAL WORLD:

From some cause I failed to receive my March number ot the WORLD, and as I value them at $2.50 each I hope you can supply the missing number. The April number is at hand brim full of good things as usual. Long live the WORLD, and keep it a monthly. Yours for the "Chautauqua Plan." C. S. CLARK, M. D.

Arroyo Grand, California.

Electro-Therapeutical Department.

Conducted by CARL SEILER, M. D., 1346 Spruce St., Philadelphia. Cases, questions or views upon electricity in medicine are invited.

Instruments for Measuring the Electrical Current.

We have seen that the current may be measured for its electro-motive force, and for its strength, and also that the resistance of the conductor may be measured and its influence upon the current ascertained. It remains yet to give a short description of the instruments used for such measurements before we can enter upon the field of therapeutical application of the electrical current.

As early as 1819 Oerstead published a discovery which he had made, viz: That an electric current exerts an influence at a distance upon a freely movable magnetic needle, causing the latter to be deflected from its normal north and south position, and he also found that the stronger the current the greater the amount of deflection. Oerstead's experiment can easily be repeated by placing an ordinary pocket compass over a copper wire, so that the needle is parallel with the wire. As soon as a current flows through the wire the needle will be deflected, and what is more, indicate the direction of the current, for the north end will be deflected toward the west if the current flows from south to north, and if the current is reversed the needle will be deflected toward the east. An apparatus of this kind is called a galvanometer, and indicates whether a current is flowing through the wire, and if so, the direction and strength of the same. In order to make the instrument more sensitive, for the purpose of indicating very small currents, the wire is wound in a coil of a number of turns around a *very* freely movable magnetic needle, and instead of using the divisions of a compass, the end of the needle travels over a piece of card board or metal upon which the degrees of the circle are marked. If we wish to measure for instance the resistance of a given circuit, all we have to do is to insert a galvanometer in the line and mark the number of degrees to which the needle is deflected by the current. We then cut off the line and insert in its stead an instrument called a "rheostat," which is composed of a number of coils of fine insulated wire, the resistance of which is known in "ohms," and which coils can be inserted into the circuit, one after the other, so as to form a continuous line. The ordinary rheostats used in medical electricity usually run from 10 to 1000 or 2000 ohms. Next we gradually connect one after the other of these resistance coils until the needle of the galvanometer indicates the same deflection as it did when the line to

Digitized by Google

be measured was in the circuit with the battery; when all we have to do to learn its resistance in ohms, is to add the known resistance of the coils together, which will give us the number we desire to know. An example will make this more clear. Let us suppose that we have a circuit from the battery trough, the galvanometer, the connecting cords, the electrodes and the portion of the body between them, and that the galvanometer indicates a deflection of 15 degrees. In order to ascertain the resistance of the circuit, we attach in place of the connecting cords, the electrodes and the portion of the body between them, the rheostat, and connect the different series of resistance coils, until the galvanometer needle is deflected to 15 degrees; we then read off on the rheostat how many ohms of resistance we have introduced and find that we have, say 1700. This then is the resistance of the circuit we wished to measure expressed in "ohms." There are other and more delicate methods of measuring the resistance of conductors, but the method described is of sufficient accuracy to fully suffice for our purposes.

[TO BE CONTINUED.]

Editor MEDICAL WORLD:

I wish through the department of electro-therapeutics in your next issue, information as to the use of electricity in the treatment of chronic catarrh. Which current is used? How and to what parts applied? What success hasattended its use?

Are medicated inhalations beneficial in chronic nasal, pharyngeal, laryngeal, and bronchial inflammations? Which is the best inhaler? How is Kirkwood's? I want the opinions of the editors and others. J.C.WAITE, Chili, Ind.

[Both the faradic and mild galvanic currents applied to the nose have been used for treating catarrh, but with very little benefit. One electrode in the form of a probe is pushed into the nasal cavities, and the other applied to the skin near the nose. When using the galvanic current the negative pole is inserted into the nose. The galvano-cautery, however, is the most useful application in chronic catarrh, and with it the hypertrophies on the turbinated bones are cauterized.

Medicated inhalations in the form of sprays are useful in the diseases named, and the drugs should be selected with reference to the particular case. Thus for hypertrophic catarrh of nasal or naso-pharyngeal cavities, use slightly alkaline solutions with antiseptics; for laryngitis, mild astringents; for bronchial catarrh, slightly stimulating inhalations, such as tar, benzoin, etc. For atrophic nasal catarrh, use an alkaline wash followed by stimulating and astringent spray. We cannot express our opinion as to the merits or demerits of a particular make of inhaler; most of themare good and based upon the same principle. C.S.]

Housemaid's Knee Cured by Electrolysis.

Charles S. ——, aged 16, and a boot-black, came to me with a soft and fluctuating swelling, hemispherical in shape, unaccompanied by discoloration of the skin, and enlargement of the subcutaneous veins. There was some soreness, caused from over-exertion at his work. It had been diagnosed as a "venous tumor," but the absence of the bluish color, and no pain through the femoro-tibial articulation, and not being partly effaceable under pressure, and no hypertrophied and varicose veins, led me to decide it a housemaid's knee. I decided to perform electrolysis upon it, and I did. I inserted three needles (*negative pole*), and the *positive* pole was placed on the calf of the leg. The current was turned on, and kept on for eight minutes. The boy was the whole support of the family, and could not remain in bed. The operation was repeated in six days, and every sixth day for five weeks. The tumor entirely disappeared, and the knee is as good as the other one, to-day. The great advantage of the treatment in this case was, that he did not have to quit his work (though he did not kneel down), and was not confined to his bed. Then the pain was not so bad as if it had been cut, and the cure is perfect.

Doctor, am I right in thinking there was a mistake made in the May number in answer to "subscriber," where it says the "negative pole should be put over the pubes, and the positive pole in shape of a catheter introduced into the urethra?" I think there must have been a mistake in printing, as I am sure it should be the reverse. I have treated many strictures, and many other cases by electrolysis, and I always apply the negative pole to the stricture, and the needles are put on the negative pole. The positive pole I always apply to the sound flesh. I think the literature on the subject will bear me out in this statement.

Brooklyn, N. Y. R. W. ST. CLAIR, M. D.

Answer.—Yes, a mistake of the printer overlooked in proof-reading was made, and the proper way to use the current is as you state. C. S.

Editor MEDICAL WORLD:

Having just risen from an electrolytical sitting, my attention is directed to your advice in the last WORLD to an inquirer in regard to treatment of stricture by electricity. You tell him to attach his bougie electrode to the *positive* pole and apply the *negative* over pubes. I fear he will meet with but limited success if he does so.

I have been using this treatment for the past eight months, studied the subject carefully before

Digitized by Google

I began, and given it careful attention during the treatment of the only two cases I have had in that time. I have learned that the proper apparatus to use consists of a zinc and carbon battery of 20 cells, so arranged that any number of cells up to twenty may be used.

The bougie should be insulated to the tip and of but slight curve, and of size No. 7 or 8 American scale. Stammers, of New York, furnishes them and extra tips of any required size at moderate cost, and other manufacturers I presume as well. These tips are of oval shape; on which I think I have improved by having them made resembling a minnie bullet, as once engaged in an annular stricture they remain longer in contact, do not so readily slip by, and cease to disintegrate the adventitious tissue of the stricture.

The nicest care is requisite and necessary to keep everything in perfect order.

The positive electrode applied over lower abdomen and shifted about as patient complains of more or less heat, the degree of which indicating the strength of current, should be a sponge attached to wooden handle through which runs the positive wire. This sponge should be moistened with salt water and held down firmly. Begin with 7 or 8 cells and increase as patient will bear, but at no time inflict but the *slightest* pain if any. Use but *one sized* bougie at a sitting, and not prolong it beyond 20 to 30 minutes, not oftener than twice a week.

Do not attempt to hurry or force a passage. If the bougie is to go, it will without push. A case quite successful is the following:

A stricture admitting only No. 6 bougie and that only over a fine whalebone leader, for 15 years, was soon enlarged to No. 14, the largest the meatus would admit, and so continues at expiration of 2½ months. Have used the urethratome quite often in past eight years and quite successfully, but think electrolysis superior in deep seated cases and timid subjects.

Some one mentions inflammation of the bile ducts as a rare complication or sequela of typhoid fever. This reminds me that I had a case last November who had spent the six months immediately preceeding and up to within two days of seizure in a place where contraction of typhoid would seem impossible. Enteric symptoms were decided throughout the run of fever, and the fever ran high, too. Fever terminated with excessive perspiration on 22nd day, followed on the 24th by intense pain in right hypochondrium, persistent vomiting and intense and generally diffused icterus, lasting four or five days; came near collapsing but eventually slowly recovered.

Rahway, N. J. M. D.

[See answer to Dr. St. Clair's query. C. S.]

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Oysters After Labor.

Editor MEDICAL WORLD:

I have a patient who attributes sickness following child-birth to eating oysters.

Is there anything in the belief that fish and oysters are not safe for a patient to eat soon after child-birth?

Sioux Falls, Dak. A. H. TUFTS.

[In spite of the universal belief to the contrary, we have never known harm occur from a woman eating animal food immediately after her confinement, if she wanted such diet. If the woman be plethoric, a few days fasting on "toast and tea" won't hurt her; but if she be weakly or exhausted, she should have as rich a diet as her stomach will bear. Oysters are very quickly digested.—ED.]

Kansas Pharmacy Law.

Editor MEDICAL WORLD:

Can a physician carry on a pharmacy in Kansas without passing an examination?

Brandon, Oregon. J. M. VOLKMAR.

Editor MEDICAL WORLD:

Will you give me the treatment to abort the paroxysms of hysteria when hypnotics are contraindicated?

Selma, N. C. W. B. CRAWFORD, M. D.

[We have just succeeded, in a frightful case of hysteria, in effecting a cure by replacing a retroflexed womb. We have become accustomed to searching for, and finding, a cause for the hysteria, in the genital organs.

We have found inhalations of bromic ether, enemas of asafœtida, large and rapidly repeated doses of valerian, and the faradic current each efficient in some cases.—W.]

Editor MEDICAL WORLD:

What rule is employed in compounding a formula which might read like this—*e. g.*, Iodine, 5 parts (or 6 drams); Iodide of Potass. 10 parts (or 1½ ozs.); Water, 85 parts (or O j.) The one hundred parts are all right, but in the combination there are 146 drams. How are the equations determined? T.

[We cannot see any difficulty. In one you have 5—10—85; in the other, 6—12—128; not quite the same, but "near enough."]

Editor MEDICAL WORLD:

In the April number of THE MEDICAL WORLD, I noticed an article on "*Inhalations of Carbonic Acid in Pulmonary Affections.* It seems that it is combined with oxygen.

Digitized by Google

I would like to try that plan in a case of phthisis. Can you tell me where I can get these gases? and how can they be administered as by Dupont?

Bayard, Iowa. W. M. YOUNG.

[The gases are easily made by any one possessing an elementary knowledge of chemistry. This can be obtained from such a work as Roscoe's Chemistry or from Leffman's Quiz Compend. The apparatus needed is not expensive, and most of it could be improvised. For administration, a dentist's gas-bag could be utilized.—ED.]

Editor MEDICAL WORLD:

Can you or any of the readers of THE WORLD give me any effective treatment for a thoroughpin on a horse? or an enlargement on the hock joint on the inside? It is not tender, nor does it make the horse lame. It is soft and compressible, evidently filled with a fluid, probably the joint water. It has been on there for about 5 months. I have blistered it, used compresses, bathed it with various kinds of liniments, etc. Is there any way of removing it?

Woodland, Ill. READER.

Editor MEDICAL WORLD:

Will you or some of the "household" give me a few suggestions on skin grafting? I see in France the skin of the frog has been used. Has it any advantages?

Grand Junction, Col. H. E. STROUD, M. D.

Editor MEDICAL WORLD:

Will you please describe the process of making Liebig's, Turner's, or Liston's Extract of Beef? One of them is sufficient.

Mellette, Dak. G. M. KELLER.

Editor MEDICAL WORLD:

Can you or some of your readers give the formulæ for "Pierce's Golden Medical Discovery," "Pierce's Favorite Prescription," "Pierce's Malarion?"

Aurora, Ark. J. B. MASSIE.

Pierce's Favorite Prescription.

℞ Sabinæ.....ʒ ijss
Agarici.....gr. lxxv
Cinnamomi.....gr. lxxv
Cinchonæ (Jaën).....ʒ ijss
Make a decoction measuring f℥ vj f℥ vij.
Add
Acaciæ.....ʒ ijss
Sacchari albi.....gr. xxxv
Tinct. digitalis.....ʒ ss
Tinct. opii.....ʒ ss
Ol. anisi.....gtt. viij
The gum, sugar and oil are to be dissolved in
Alcohol.....f℥ j, f℥ ij, ♏ xv

Pierce's Golden Medical Discovery.

℞ Ext. cinchonæ fl.....℥ j
Ext. calumbæ fl.....℥ jv
Ext. guaiaci fl.....℥ viij
Ext. glycyrrhizæ fl.....℥ jv
Tinct. opii.....℥ j
Podophyllinæ.....℥ ij
Glycerini.....O vj
Alcohol, q. s.
M.—Dissolve the podophyllin in the alcohol and add to the other ingredients.

The following proprietary and patented preparations are asked for:—

Marsden's Pectoral Balm.
Morley's T. X. S. Tonic.
A. E. Rogers' Excelsior Corn Cure.
Pierce's Malarion.
Kline's Great Nerve Restorer.
Lydia E. Pinkham's Compound.
Liebig's Extract of Beef.
Lyons' Precious Ointment.
Lyons' Constitution Water.
Grafenberg's Dysenteric Syrup.
Rose Jelly.
Olive Branch.

Editor MEDICAL WORLD:

I wish to find a work called "Prof. Caldwell's System of Chemical Electrolysis" for the removal of tumors, enlarged glands, etc., without needles. Can you tell me where I can find it and at what price?

Wakeman, O. E. N. HAWLEY, M. D.

Editor MEDICAL WORLD:

Vol. iv, No. 3, page 101, article "Neuralgine." Sorry I am for the patient who takes a few doses!

N. Y. A. KEMPIS.

A subscriber asks for a paper on the use of antiseptics internally and by inhalation.

Editor MEDICAL WORLD:

Will you please tell me of the latest and most practical work on skin diseases, with lithographic plates? Also the latest and most practical work on diseases of joints and their treatment, with the most plates?

Glens Falls, N. Y. A. D. PITCHER.

[Prof. Shoemaker's work, which will soon be ready for distribution, fills the description better than any work we know. On Diseases of the Joints, a very good work is that of Barwell, published in Wood's Library in 1881.—ED.]

"Elixir Thion Comp."

℞ Rhei pulv.....
Hydrastis Canadensis pulv.....ää ʒ v
Sodii hypophosphit.....gr. c
Sodii carbonat.....gr. l
Sodii sulphocarbolat.....gr. xl
Alcohol.....O v
Aquæ.....O xl
Dissolve the salts in the water and alcohol,

Digitized by Google

and with this as a menstruum percolate the powdered rhubarb and golden seal. Flavor with peppermint.—*Indiana Med. Jour.*

Campbell's Arsenic Complexion Wafers.

Prof. Parsons found that these wafers were composed of milk sugar with a trace of arsenic too small for accurate estimation.—*Drug. Circ.*

A paper was read at the International Medical Congress at Philadelphia, by Ezra M. Hunt, on Alcoholic Liquors. Can any one inform us where it can be found?

Formula for Orange Blossom is again asked for.

[See March number, page 101.]

Fidgets.

Editor MEDICAL WORLD:

If Dr. Baxter will give his patient forty to sixty drops of wine of colchicum every night before supper, it will have the desired effect. Repeat if the disease reappears.

Thurbersville, I. T. W. S. MARTIN, M. D.

Editor MEDICAL WORLD:

Please inform me in the next issue of THE WORLD, the compositoin of Dr. Pardee's Rheumatism Remedy—manufactured by The Pardee Medicine Co., of Rochester, N. Y.

Monticello, Mo. A SUBSCRIBER.

Editor MEDICAL WORLD:

Can you give the formula for Bromo-Chlorolum? [Write to Tilden & Co., New Lebanon, N. Y., for information concerning this preparation.—ED.]

Harlem Oil.

Editor MEDICAL WORLD:

In your April issue Dr. Murdoch Murchison, of Tenn., desires the formula for "Harlem Oil."

Chase, in his "recipes," gives it as follows:

℞. Sublimed or flowers of sulphur and oil of amber, of each, two ounces; linseed oil, one pound; spirits of turpentine, sufficient to reduce all to the consistence of thin molasses. Boil the sulphur in the linseed oil until it is dissolved, then add the oil of amber and turpentine.

Dose.—From 15 to 25 drops, morning and evening.

This is an exceedingly old preparation, and in its day has been vaunted as a *cure-all.* That it has virtues is apparent. But it is an unsightly and unsavory compound, repugnant to both taste and smell, and in these days of elegant prescriptions is not likely to meet with popular favor. Its internal use I have not tested; but I know it to be good as an application to old sores. JOHN F. NEAL, M. D.

Lampasas, Texas.

FORMULAS.

For Catarrhal Conjunctivitis.

℞ Sodæ biboratis.....gr. xx
Aq. camphoræ.....f℥ jss
Mucilag. cydonii sem.,.....
Aq. cauocerasi,.....ãã.....f℥ ss
M. S.—Apply to lids and drop in eyes thrice daily.
Mittendorf.

Enema for Dysmenorrhea.

℞ Tinct. opii.....gtt. x
Pulv. camphoræ.....gr. iij
Vitelli ovi.....no. j
Aquæ.....f℥ jx, ℥ iij
M. S.—For one enema. —*Le Courrier Medical.*

Cough Syrup, without opium.

℞ Syr. scillæ.....
Syr. tolu.....ãã f℥ j
Potas. cyanid.....gr. iij
Ext. grindeliæ fl.....f℥ j
M. S.—f℥ j every four hours. —W. F. W.

For Impetigo.

℞ Acidi salicylici.....gr. xv
Zinci oxid. pulv.....
Amyli pulv.....ãã ℥ iij
Lanolini.....℥ vj
M. S.—For local use.

This cured an impetigo contagiosa in ten days. —LIEBREICH, in *Le Courrier Méd.*

[We cured a similar case much more quickly by the application of dilute chlorinated soda. —W. F. W.]

For Vomiting of Phthisis.

℞ Naphthæ.....℥ j
Tinct. cardamomi comp.....f℥ j
Mist. camphoræ.....f℥ vij
M. S.—A sixth part every four hours.
(*Bennett, in Manual of Treatment.*)

For Clergyman's Sore Throat.

℞ Tinct. guaiaci ammon.....
Liq. potassæ.....ãã.....f℥ iij
Tinct. opii.....f℥ ij
Aquæ cinnamomi, ad.....f℥ viij
M. S.—To be used every hour, as a gargle.
(*Garner.*)

Nerve Tonic in Opium Cases.

℞ Tinct. nucis vomicæ.....gtt. xij
Acidi phosphorici dil.....gtt. xx
Syr. pruni Virg.....f℥ ss
M. S.—To be taken twice daily. (*Crothers.*)

For Delirium Tremens.

℞ Pulv. capsici.....gr. xxx
Confect. rosæ, q. s.
M. S.—To be taken every two hours until sleep is secured. (*Lyons.*)

For Dysentery.

℞ Tinct. benzoini comp.....f℥ ss
Tinct. catechu comp.....f℥ j
Tinct. opii.....♏ x
Ext. hematoxyli.....gr. x
Aquæ, q. s. ad.....f℥ j
M. S.—To be taken thrice daily, by mouth or rectum.
(*Donaldson.*)

Digitized by Google

For Epilepsy, with the Convulsions following Seminal Emissions.

℞ Potassii bromidi.....ʒ iv
Sodii bromidi.....ʒ ij
Tinct. physostigmatis.....ʒ iij
Tinct. conii.....ʒ vj
Elix. cascaræ sagradæ, q. s. ad.....f ʒ vj
M. S.—f ʒ ss three to six times a day. (*Waugh.*)

For Infant's Colic.

℞ Tinct. hydrastis.....f ʒ ij
Tinct. castorei.....f ʒ iij
Tinct. zingiberis.....f ʒ j
Syr. rhei arom.....f ʒ ij
Sp. etheris nitros.....f ʒ ij
Potas. carbonat.....f ʒ j
M. S.—10 drops to a teaspoonful, every four hours, according to age. (*Waugh.*)

For Gastric Ulcer.

℞ Argenti oxid.....gr. iv
Zinci oxid.....gr. xx
Testæ prep.....gr. xx
M. et in chart. no. xx div.
S.—Take a cup of hot water one hour before each meal, and a powder half an hour after the hot water. (*Waugh.*)

For Rheumatism—Subacute.

℞ Sodii salicylat.....ʒ v ℈ j
Sodii iodid.....ʒ ij
Tinct. colchici.....f ʒ iijss
Syr. gaultheriæ, ad.....℥ viij
M. S.—f ʒ ss every four hours. (*Waugh.*)

For Ovarian Dysmenorrhea.

℞ Ammon. muriat.....ʒ iij
Tinct. stramonii.....f ʒ ss
Tinct. cimicifugæ.....f ʒ jss
Syr. glycyrrhizæ.....f ʒ ij
M. S.—f ʒ j thrice daily. (*Davis.*)

For Pruritus Ani.

℞ Thymol.....
Cocainæ muriat.....āā gr. x
Ung. petrolei.....ʒ ss
M. S.—Apply before going to bed.

This preparation has peculiar virtues. For ten minutes after applying it we were totally unable to hear our usual curtain lecture, although morally certain it was going on. We were wholly engrossed in thoughts of our latter end, and in realizing what was in store for us unless we mend our ways. We were oblivious to all except the absolute necessity of holding ourself immovable. That was the thymol. Then the cocaine began to get in its work, and blissful peace stole over us. Next day we were free from the torment. We tried the same remedy on a patient, choosing a mild specimen. Heard that he kept the neighbors awake that night by howling for a gun to shoot us with, but we haven't seen him since. We don't know just what to do—whether to go boldly up and ask after his health, or send a healthy collector for our fee.

REVIEWS.

A COMPEND OF SURGERY. By Orville Horwitz, B.S., M.D. P. Blakiston, Sons & Co., Phila. 210 pages. $1.00.

This is a revised edition of one of the series of useful quiz-compends. It contains new matter in regard to surgical treatment, antisepsis, gangrene, inflammation, etc. To students who are in the habit of taking notes the interleaved edition ($1.25) will be found very useful.

POCKET MEDICAL FORMULARY. By Drs. Hazard and Goldberg. Revised and enlarged by A. S. Gerhard, M. D., Professor of Pathology and Medical Jurisprudence, in the Medico-Chirurgical College, Philadelphia. Med. Form. Pub. Co., 1208 Chestnut St., Phila. $2.00.

This work is arranged therapeutically, with patent marginal index for instant reference, and interleaved for additional formulæ. It contains the accumulated experience of eminent men in the profession, and will be found very useful and convenient to the practitioner.

DISEASES OF WOMEN. By Dr. F. Winckel, of Germany. Authorized translation by J. H. Williamson, M. D. Edited, with introduction, by Prof. Theophilus Parvin, of Jefferson College. P. Blakiston, Son & Co., Phila. 674 pages. $3.00.

This work gives all that is desired by the student or general practitioner on the subject of gynecology. It is especially strong in the very important department of pathology. It also very sensibly calls a halt in the matter of reckless abdominal surgery. The publishers' part has been very neatly and artistically done.

HANDBOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS. By Samuel O. L. Potter, M.A., M.D. 828 pages. $3.00. P. Blakiston, Son & Co., Phila.

It is rarely that we are permitted to notice a work of such value as the one before us. We have given it careful and critical examination for three months, and have only just begun to discover its mines of wealth. Let us see what it contains: A complete, alphabetical materia medica, with physiological actions and general therapeutics, 437 pages. A plain treatise on pharmacy, easily understood, 74 pages. Special therapeutics, giving outline of approved treatment of upwards of forty eminent physicians, of the entire range of human diseases, alphabetically arranged, with prescriptions where more particular directions are required, 234 pages. An appendix full of valuable tables, &c., giving medical Latin, treatment of poisoning, differential diagnoses of certain diseases, &c. With a copious index. Certainly a valuable addition to the physician's or student's library. In this work Prof. Potter has certainly done great service to the profession of this country.

DR. ROBERT KOCH: We take pleasure in acknowledging the receipt of a magnificent portrait of Dr. Koch, from Messrs. Parke, Davis & Co., Detroit, Mich. The portrait is a lithograph in two colors, on heavy plate paper, 19x25 inches. It is first-class in every particular, and is just what every physician wants to frame and hang in his office. This portrait will be sent free to readers of this journal who request it. Take this opportunity to tell Messrs. P., D. & Co., what you think of THE MEDICAL WORLD.

Pregnancy, Parturition and the Puerperal State, by Paul F. Mundé, M. D. The Physician's Leisure Library; Geo. S. Davis, Detroit. How much of good and new in medical literature one can obtain for the small outlay of twenty-five cents.

Digitized by Google

Dr. Benjamin Lee has issued the third of his popular tracts on Massage, translated from the German of Reibmayr. It is well to be posted on this very popular mode of treatment. Price, 25 cents.

FEEDING PATIENTS AGAINST THEIR APPETITE.

BAKED BEANS. By Ephraim Cutter, M.D., Albany, N.Y.

MENTAL EPILEPSY. By L. W. Baker, M. D., Baldwinsville, Mass.

ORATION AT MEDICO-CHIRURGICAL COLLEGE. By Dudley S. Reynolds, M. D., Louisville, Ky.

TRACHEOTOMY AND INTUBATION IN DIPHTHERIA. By E. E. Montgomery, M. D., Phila., Pa.

We would suggest that our readers send for all of these valuable reprints.

THE WORLD'S MEDICAL REVIEW. Edited by Jos. Schmidt, M. D., Phila. Monthly, $2.00 per annum. No original matter, but a concise summary of medical matters from all parts of the world.

The selections in the initial number show good judgment. To do full justice to its design the 18 pages might well be expanded to 80.

THE NASHVILLE MEDICAL NEWS appears as a new semi-monthly, edited by Richard Douglas and Jno. W. McAllister. Price, $2.50 per annum.

The first number is very creditable and we wish our southern friends all possible success.

Manual of Treatment.

Dr. Taylor began the preparation of this work in 1885, but was compelled to abandon it for want of time. Later he met Professor Waugh, who being impressed, as Dr. Taylor was, with the need of such a work—in order to save the general practitioner much valuable time, which would be required to make a thorough research through a great mass of literature, both foreign and domestic—became interested in it, and the combined labors of both these gentlemen have given the profession one of the most useful books, practically, that we have seen. The nature of Professor Waugh's occupations and his taste, naturally led him to explore the general field of literature, and in so doing he culled the best items of treatment of prominent and successful practitioners, not only in America, but in all parts of Europe; and though the work is designed for the American practitioner, and is made up largely of the more popular methods of American treatment, and especially that of certain distinguished physicians, it is by no means confined to such.

We are much pleased with it. Being arranged alphabetically it is very handy for reference; is really a "manual." It shows in its preparation not only deep and thorough research, but a wise discrimination—good judgment in selection.

The mechanical execution is highly creditable to THE MEDICAL WORLD. Price, in fine muslin and gilt, only $4.00. Should you order the book—and we would advise you to do so—please mention *Daniel's Texas Medical Journal.*

"The work is full of valuable suggestions, and will form a valuable addition to every medical library."—(*N. Y. Med. Times.*)

"It is to the general practitioner a veritable mine of concrete knowledge."—(*Progress.*)

SPECIAL NOTICES.

Have you tried Wallian's Oxygen yet?

Don't forget Lactopeptine as the summer diarrhœa begin.

See adv. of Nestle's Milk Food on page facing editorials.

Did you ever take our advice about Erythroxyline? We meant it.

Fellows' Hypophosphites: A powerful general tonic whose beneficial action is manifest from the first dose.

We know what a good thing Peacock's Bromides combination is. A trial of their Fucus Marina is in order.

In ordering Hoff's Malt Extract, tell the patient to be sure and get Tarrant's, and to take it before the meals, with a cracker.

Dr. J. W. Burns, of Teneba, Texas, writes: "I would not be without it (THE MEDICAL WORLD) for *five times its cost.*"

When you next want a uterine supporter, send to Hastings Truss Co., 224 S. Ninth St., Phila., and give their goods a trial.

Send to the N. Y. Pharmaceutical Co., Bedford Springs, Mass., for hand book on Viburnum, etc. Don't be afraid to use a thing that is popular.

Reed & Carnrick, 6 Harrison St., N. Y., would be pleased if you were to write for a sample of Carnrick's Soluble Food.

A little child, exceedingly fragile, had indigestion with constipation. We gave it Emerson's Albuminoid Food, and the effect was simply perfect.

The demand for the Oxygen Apparatus increases since Dupont's paper appeared. Send to Chas. Beseler, 218 Centre St., N. Y., for circular.

Somebody writes for a good laxative for children. Send to Scott & Bowne, 132 S. Fifth Ave., N. Y., for a sample of their Buckthorn Cordial.

Otto Flemming will send you a catalogue of his batteries if you send for it, to 1009 Arch St., Philada. We have used his batteries for many years with satisfaction.

The Rio Chemical Co., of St. Louis, have several specialties, of which they will send you samples if you write. We are very partial to their Acid Mannate.

Prof. C. H. Merrick, of Seattle, Wash. Ter., has published in a small circular, a clear exposition of the method of writing prescriptions by the decimal system.

MT. HAMILL, IA., April 4, 1887.

The Provident Chemical Works, St. Louis, Mo.

Gentlemen:—Yours and sample of crystalline phosphate to hand. Am pleased with its appearance. Its compact form must commend itself to every physician. Shall be pleased to use it where indicated and continue it if equal to other phosphates, as it certainly is handier and cleanlier. Yours Truly, C. F. WAHRER, M. D.

The Medicated Food Co., Cincinnati, O., will send you, free, a sample of their Medicated Food, a perfectly new article, if you will give your opinion of this journal.

Morse's Hypophosphites, combined with hydrastis, should prove exceedingly effective in treating catarrhal phthisis and chronic catarrhs with debility. Try and see. Send for pamphlet and sample.

The gentlemen who have inquired recently about the use of antiseptics internally, had better send to the Declat Manufacturing Co., 86 Warren St., N. Y., for samples.

(Continued on page xviii.)

Digitized by Google

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.
These rates must be paid *invariably in advance.*

Notice is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

☞ Pay no money to agents for this journal unless publisher's receipt is given.

C. F. TAYLOR, M. D.,
W. F. WAUGH, A. M., M. D.,
LOUIS LEWIS, M. D., M. R. C. S., (Eng.) } EDITORS.

ADDRESS ALL COMMUNICATIONS TO
"THE MEDICAL WORLD,"
1320 Chestnut Street,
PHILADELPHIA, PA.

VOL. V JULY, 1887. No. 7.

Nervousness in Women During Labor.

We have been so favored as never to have witnessed a convulsion during a confinement. Very frequently we have noticed the nervous symptoms which authors mention as premonitory to the occurrence of convulsions. The woman looks worried, is fidgety, tosses about the bed, is fretful and ill at ease.

Whenever this condition is manifested, we have learned to recognize in it the fact that there is something wrong, something demanding our help; and as yet we have never failed to find it. It may be a bad position, a forehead front, a head jammed in such a place that no effort of the womb can advance it, a bunch of umbilical cord between the child's head and the pelvic brim, a rigid os, a full bladder or rectum, or hyperesthesia of the vulvo-vaginal mucosa.

In some of these cases the requisite manipulation corrected the difficulty and the fidgets vanished; in others the inhalation of a little chloroform, or better, bromic ether, sufficed to produce the same good effect.

* * * * * * *

But what does nervousness *after* delivery indicate? The presence of septic matter in the uterus, *every time.*

Recently we were called to see a lady who had aborted two days previously. There was no fever, no chill, pulse not too rapid, but she had headache, aching ovaries, and *fidgets.* She drove everybody nearly wild with her fretfulness, and when we entered the room welcomed us with a burst of tears. She was unable to give any reason for her conduct. There was no uterine tenderness, and no unusual fetor to the vaginal discharges. We don't like to interfere with the puerperal uterus, and look with much disfavor on the "irrigations" with antiseptics in private practice, unless clearly indicated. But we felt uneasily that there *must* be something wrong, and concluded to pass an applicator, covered with sublimated cotton, into the uterine cavity. The result was the removal of a piece of decomposing placenta! The uterus was gently washed out, and the "fidgets" disappeared on the instant.

* * * * * * *

What is the cause of the great sensitiveness of the vagina which we sometimes see in women during confinement? In three cases we have found a cause, and in each it was—gonorrhea. Is this the *only* cause?

HOLT casts aside the old plans of treating summer diarrheas, and comes out in favor of antiseptics. He favors salicylic acid and naphthaline, preceded by a brisk purge.

LOVE prefers calomel and corrosive sublimate, with close attention to personal and domestic hygiene.

We have used the sulpho-carbolate of zinc in two cases of infantile diarrhea. To a child seventeen months of age, we gave one-twelfth of a grain every hour. The stomach bore the medicine well, the stools lost their offensive odor, and fermentation ceased; but the discharges continued nearly as frequent as before.

The Best Absorbent.

We once asked the venerable Prof. Gross, "What is the best absorbent?" He replied, "Pressure." We opened our eyes at this, for we were still in the drugging stage, and valued iron and bitters above fresh air and salt water, pepsin above a hearty laugh, and looked upon quinine as more inspiriting than a flirtation.

But years afterwards we recalled the word, when we had tried iodine, mercury and ammonia, and signally failed; and we have many times proved the truth of the grand old man's advice.

Digitized by Google

INDEX OF DISEASES.

In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease are given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number, 1886.—L. L.]

Hemoptysis.

Ice, to suck frequently.

Spray of tannin (gr. x), alum (gr. xx), turpentine (♏ v); or, tinct. ferri perchloridi (♏ xx), to the ounce of water. To be used in recurrent minor hemoptysis, and in "tracheal" or "bronchial" hemoptysis.

Externally, ice-bags; dry cupping; sinapisms; turpentine stupes; or pads saturated with chloroform, applied to the chest, and covered with oil silk, to prevent evaporation.

℞ Sp. terebinthinæ.....
Ext. ergot. fl.....āā.....♏ xx
Mist. amygdalæ.....ʒ j
M.—Every half-hour, in urgent hemoptysis.

℞ Ext. ergot. fl.....ʒ j
Aq. destill.....ʒ j
M.—For one draught, immediately.

℞ Ext. ergot. fl.....
Ext. hamamelis, fl.....āā.....ʒ ss
M.—In water every four hours.

℞ Ol. terebinthinæ.....ʒ ij
Tinct. verat. virid.....♏ xx
Syr. simplicis.....ʒ ij
M.—A tablespoonful immediately, and a dessertspoonful every hour or two after, in urgent hemoptysis.

Cayenne pepper, half a teaspoonful for one dose, in warm water.

Capsicine gr. v, in pill.

Inf. matico, a wineglassful two or three times daily.

A wineglassful of vinegar, ("till the doctor comes.")

℞ Morphiæ sulphat.....gr. j
Pulv. aluminis.....gr. j
Sacch. alb.....gr. j
Ft. pulv.
M.—The powder every hour until checked.

Pil. plumbi c. opio gr. jv, every four hours.

Inf. digitalis ʒ ij, every three hours, in hemoptysis associated with heart disease, and inflammatory conditions.

℞ Glyceriti acidi gallici.....ʒ j
Aq. cinnamomi.....ʒ vij
M.—Two tablespoonsful every four hours.

℞ Acidi gallici.....ϑ j
Acid. sulph. arom.....♏ xx
Tinct. cinnamomi.....ʒ ij
Aq. dest. ad.....ʒ ij
M.—The draught every four hours.

℞ Ferri ammonio-sulphat.....ʒ j
Aq. dest.....ʒ viij
M.—Two tablespoonsful every six hours.

Hot pediluvia, and hot water to spine.

Wine, in passive venous hemoptysis.

Sulphate of atropine gr. $\frac{1}{100}$th subcutaneously, and repeated at intervals, in recurrent hemoptysis.

Sodii chloridi (common salt), one teaspoonful dry, is an old domestic remedy.

Tinct. ferri acetatis ♏ x, every hour, in water, when active inflammatory symptoms are absent.

℞ Acid. phosph. dil.....ʒ ijss
Mucilaginis acaciæ.....ʒ ss
Aq. dest. ad.....ʒ j
M.—One teaspoonful every three or four hours, in passive hemoptysis.

℞ Pulv. aluminis.....gr. x
Pulv. ipecac. co.....gr. v
M.—The powder, to be repeated if necessary, when hemoptysis is moderate but persistent.

Ergotine gr. ij or gr. iv, hypodermatically, in very urgent cases.

Pulv. ipecacuanhæ, two grains every fifteen minutes.

Small doses of morphia, hypodermatically, sometimes useful.

℞ Pulv. ipecacuan. co.....gr. xxxvj
Quiniæ sulphat.....gr. xij
Sacch. alb.....gr. xxiv
M.—Divide into 12 powders. One every three hours.

℞ Ext. ergot. fl.....ʒ ij
Tinct. digitalis.....ʒ ij
Acidi gallici.....ʒ j
Magnes. sulphat.....ʒ v
Acid. sulph. dil.....ʒ j
Inf. rosæ co.....ʒ vj
M.—Two tablespoonsful every three hours, in profuse hemoptysis of tubercular origin.

℞ Tinct. digitalis.....ʒ ss
Tinct. aconiti.....♏ viij
Aq. dest.....ʒ j
M.—For one dose, to be repeated if necessary, in hemoptysis with turbulent heart action.

Tinct. opii ♏ v, in water, every hour, for six doses.

℞ Acid. arseniosi.....gr. $\frac{1}{60}$
Quiniæ sulphat.....gr. ij
M.—For one pill, to be taken thrice daily, in "nervous" chronic hemoptysis.

Digitized by Google

℞ Tinct. digitalis.....ʒ jss
Ol. terebinthinæ.....ʒ iij
Ol. menth. pip.....gt. x
Acid. sulphi. arom.....ʒ iij
Sp. rect. q. s. ad.....ʒ ij
M.—One teaspoonful mixed with sugar and water, every three or four hours.

Nitro-glycerini (1 % solution), ♏ ij, for a dose.

℞ Pulv. aluminis.....ʒ ij
Acid. sulph. dil.....ʒ iij
Magnes. sulph.....ʒ jv
Aq. dest.....ʒ jv
M.—A tablespoonful in water every two hours, in persistent tubercular hemoptysis.

Argenti oxidi gr. ss, thrice daily, in pill, for atonic hemoptysis.

Acid. pyrogallici gr. j, every half hour.

Plumbi acetatis gr. ij, in pill every three hours, in chronic "bronchial" hemoptysis.

℞ Ext. ergot. aq.....gr. j
Pulv. ipecac.....gr. ss
Acid. gallici.....gr. j
M.—For one pill, every two hours, in sanguineous sputæ with little hemorrhage.

℞ Tinct. veratri viridis.....ʒ ijss
Aq. cinnamomi.....ʒ ij
M.—One teaspoonful every two hours, in hemoptysis of robust people.

Turpentine inhalations.

Hemorrhoids.

℞ Ung. gallæ cum opio.....
Ung. calomelanos.....ää.....ʒ ss
M.—For external application, to bleeding painful hemorrhoids.

℞ Potassii bromidi.....ʒ jss
Glycerini ad.....ʒ j
M.—For external application to painful hemorrhoids.

Ung. calomelanos, to be applied night and morning.

Pulv. glycyrrhizæ co. (Prussian), ʒ ss, night and morning in milk.

Ext. aloes glacialis, gr. j, in pill every night.

Acid. nitrici fort., applied two or three times at intervals, to ulcerated internal hemorrhoids.

℞ Acid. nitrici dil.....ʒ j
Aq.....ȝ j
M.—Lotion, for bleeding hemorrhoids.

℞ Sulphur.....ʒ ij
Confect. sennæ.....ʒ jss
M.—Divide into twelve boluses. One every morning.

Rad. rhei, gr. x, every night.

℞ Pulv. gallæ.....ȝ j
Pulv. opii.....gr. x
Ung. plumbi acetatis.....gr. xl
Lanolini.....ʒ j
M.—Apply night and morning, for external hemorrhoids.

Pulv. glycyrrhizæ co., ʒ j, every morning; and ♏ iij of tincture of nux vomica half an hour before each meal.

Tinct. hamamelis, ♏ iv, in water or on sugar, three times a day; and well diluted (ʒ j to ʒ iij), as a lotion externally, injection internally in bleeding hemorrhoids.

℞ Liq. arsenicalis (Fowler).....ʒ ij
Aq. cinnamomi ad.....ʒ ij
M.—One teaspoonful three times a day in painful hemorrhoids, external or internal.

℞ Tinct. benzoini.....ʒ ss
Ung. bismuthi.....ʒ j
M.—As an ointment; or bismuthi oleatis, q. s. externally.

Injection of hemorrhoidal tumors with carbolic acid, (5 to 25 % solution), tinct. ferri perchloridi; or Monsel's solution, (subsulphate of iron U. S. P.), for internal hemorrhoids.

℞ Iodoformi.....gr. xv
Vaselini.....ʒ j
M.—For painful defecation.

Ung. sulphuris iodidi, externally, thrice daily.

℞ Ext. ergotæ liquidi.....ʒ ijss
Aq. destill.....ʒ ij
M.—One teaspoonful thrice daily.

℞ Chloral hydrat.....ʒ jss
Aq. dest. ad.....ʒ j
M.—As a local application to painful hemorrhoids.

Tinct. collinsoniæ, ♏ ij to ♏ v, thrice daily, for hemorrhoids occurring during pregnancy.

Consumption is often inherited simply because the heir has used old mattresses, woolen chairs, sofas, carpet, etc., containing disease germs handed down with the personal estate. —*Exchange.*

The only fault which has been thus far found with the MANUAL is that it has no index. Neither has Webster's Unabridged Dictionary. As both are arranged alphabetically, one needs an index as much as the other.

Digitized by Google

TABLE OF THE OFFICINAL SALTS OF THE METALS:

No doubt you have often been puzzled by the apparently infinite number of these preparations. Perhaps this birds-eye view of the subject will relieve your confusion, and show you that the subject is comparatively simple.

									WITH ORGANIC ACIDS.				
	SULPH.	CARBON	NITR.	PHOSPH.	CHLOR.	IOD.	BROM.	OX.	ACET.	CITR.	CYAN.	TART.	Miscellaneous.
IRON.	—ate of Iron & Am. —ate, exsic. & prec. Sub-ate (sol.) Ter-ate (sol.)	—ate (sacch) —ate (Mass.)	—ate (Sol.)	—ate Pyro-ate Hypo-ite.	—ide	—ide	—ide (Syr.)	—ide hydrated	—ate (Sol. & tinct.)	—ate —ate of Iron & Am. —ate of Iron & Quin. —ate of Iron & Strych.		—ate of Iron & Am. —ate of Iron & Pot.	Valeri-anate Oxalate Lactate
POTASSIUM.	—ate —ite Sul-ph'ratd	—ate Bi-ate	—ate	Hypo-ite.	—ate	—ide	—ide	—ide	—ate	—ate	—ide Ferro-ide	—ate Bi-ate —ate of Sod. et Pot.	Per-manganate Bi-Chromate Arsenite (for Sol.)
SODIUM.	—ate —ite Bi-ite Hypo-ite Sulpho-carbo-late.	—ate —ate (dried) Bi-ate	—ate	—ate Pyro-ate. Hypo-ite.	—ate —ide	—ide	—ide	—ide	—ate				Arseniate Borate Benzoate Salicylate Santoni-nate
AMMONIUM.	—ate	—ate	—ate	—ate	—ide	—ide	—ide		—ate (for Sol.)				Valerianate Benzoate
CALCIUM.	—ide —ated	—ate (prec)		—ate (prec.) Lacto-ate. (Syr.) Hypo-ite.	—ide —ated.		—ide	—ide					
ZINC.	—ate	—ate (prec)		—ide	—ide	—ide	—ide	—ide —ide	—ate				Valerianate
MERCURY.	—ide (Rub.) Sub-ate (flav.)		—ate (for sol & ung.)		—ide (cor.) —ide (mite.)	—ide (rub.) —ide (vir)		—ide (rub.) —ide (flav.)			—ide		Ammoni-ated
MAGNESIUM	—ate —ite	—ate						—ide (light & heavy.)		—ate			
LEAD.		—ate	—ate			—ide		—ide	—ate				
SILVER.			—ate (fus. & dil.)			—ide		—ide			—ide		
ALUMINIUM.	—ate —ate of al. & pot												Hydrated Al.
BISMUTH.		Sub-ate	Sub-ate							—ate —ate of Bis. & Am.			
LITHIUM.		—ate					—ide			—ate			Salicylate Benzoate
COPPER.	—ate								—ate				
MANGANESE	—ate							—Di-ide					
ANTIMONY.	—ide (purif.) —urat.							—ide				—ate of ant. et pot	
ARSENIC.						—ide		—ide					
GOLD.					—ide of gold & sodium								
'RIUM.'													Oxalate

Digitized by Google

The Current Medical Thought.

Treatment of Agalactia.

Nursing mothers should have an abundant supply of nourishing and digestible food. Albumen should be supplied in abundance, as well as the lime, soda and potash salts. We are very partial to lentils as a food for these cases. The soup made from them is highly nutritious, more digestible than pea or bean soup, and, when properly prepared, is very palatable. They must not be cooked in an iron pot, as the tannate of iron formed blackens the soup; and although this does no harm, the inky appearance awakens the disgust of these delicate patients.

After repeated trials of alcohol, we have come to the conclusion that the use of every variety of alcoholic beverage is injurious to mother and child. It is true that drinking a glass of beer or porter will cause the breast to fill up with milk quickly, but the quality of the product is not equal to that which results from the digestion of wholesome food, but approaches more nearly to the swill milk, concerning which there is a periodical outcry.

Castor oil plant has the reputation of increasing the flow of milk, and in Brazil a tea is made of the leaves, which is drank for that purpose.

No drug approaches the power of jaborandi in driving milk into the breasts. So certain is this action that we have been enabled by it to detect a fraudulent fluid extract, and to trace it back to a careless labeler at the manufactory.

But we have never been able to satisfy ourselves as to what cases really require jaborandi. In one case we thought we had a typical indication. The mother, a large, handsome woman weighing over two hundred pounds, became fatter with every child-birth, but had scarcely any milk. It seemed obvious that if we could divert the nutritive current from the woman's system to the breasts, the increase of milk would also be accompanied by a disappearance of the useless and undesired fat. No milk had been present for over two weeks. We gave her ten drops of fluid extract of jaborandi, repeated every four hours. The milk soon made its reappearance, and for a time all went well.

But in a few weeks we were hastily called in, and found the mother had taken to her bed. She informed us she did not sleep, was indescribably nervous, and that she was possessed by such an insane desire to brain her family with the hatchet, that she begged us to have her put under restraint. We stopped the jaborandi, the milk ceased to be secreted, and as it disappeared the nervous phenomena did likewise. Since then we have made no further attempt to prevent the milk from drying up.

W. F. W.

Sunstroke.

Orders issued to regimental officers and non-commissioned officers for the recovery of soldiers in India in case of sunstroke:

Generally in sunstroke insensibility is complete; the pupils are contracted, the breathing hurried and irregular, the face flushed, the pulse quick and hard, the skin very dry, hot and burning.

Directions: The patient should be carried at once to a cool shady spot, and the clothing removed; the body wrapped in a wet sheet and fanned, or the surface sponged with iced water or with alcohol and water, and afterwards fanned. A stream of cold water should be poured upon the head, and if he is able to drink, he should be allowed to take iced water freely. If the skin remains hot and burning on temporarily ceasing these efforts, pieces of ice may be applied to the scalp, and rubbed over the surface of the body. On no account administer alcohol or any other stimulant, but ammonia may be held to his nostrils.

Beware of Nostrums.

A Philadelphia druggist was affected with gout. One day we dropped in to chat with him, and found him much better than when we last saw him. We inquired for the cause of the improvement, and he informed us that he was under the treatment of a quack, who advertised his skill in curing gout and rheumatism. With a patronizing air the druggist remarked, "You regulars can do but little with gout; this man beats the whole of you. You ought to find out what he uses."

We inquired what the medicine was like and its effects, and then said to the druggist: "My friend, the scoundrel is giving you Portland powders."

"What are they?" asked the druggist. We informed him that under this name a remedy had once been introduced, whose effects upon gout were something marvelous. But in process of time, the famous powders began to be looked upon with suspicion, which grew to certainty when it was noticed *that every person treated by them died before the expiration of two years!*

For a moment the druggist looked a little doubtful; but in a moment his face assumed the regulars-never-allow-any-credit-to-a-quack expression, and we took our leave.

That was less than one year ago. Yesterday we noticed crape on his door.

Digitized by Google

"Fresh frae France."

PECHOLIER's method of jugulating typhoid fever consists in the use of tepid baths, twice or oftener each day, and the administration of quinine, gr. x–xv, and digitalis gr. jss, divided into two or three doses, and given during each morning, at intervals of two hours. Such other measures are employed as each case demands.

Diphtheria and Croup.

BONAMY prescribes chlorate of potassa, wine of cinchona, champagne, local applications of lemon juice, and keeps the child enveloped in an atmosphere laden with eucalyptol. Out of ten cases tracheotomy was necessitated in four, with two deaths, and one more in which no operation was performed.

[Not nearly so good a showing as we obtain from the local use of nascent chlorine.

—W. F. W.]

TERRILLON favors the treatment of goitre by injections of iodine into the tumor. The results are very slow, sometimes requiring six months of persistent treatment. Even so, the danger of myxœdema after excision of the thyroid gland, renders the injection preferable.

DOBIESZEWSKI praises the Marienbad water in the treatment of passive hemorrhages. This water contains sulphate and chloride of soda, bicarbonate of lime and of magnesia, a little strontia, lithia, iron and manganese, and carbonic acid. The American waters most nearly resembling the Marienbad are those of the Virginian Sulphur Springs.

GERMAIN SEE states that in rheumatism the salicylate of soda acts quicker and more surely than antipyrine; while in fevers the latter cannot replace quinine.

The greatest value of antipyrine is in alleviating pain. In mild, non-febrile rheumatism the pain and swelling disappeared in a few days, and did not return; though the antipyrine was continued in small doses for a week after the cessation of the acute symptoms. In acute gout, a daily dose of sixty to ninety grains removed the pain and articular disease in from two to four days, without the least injury to the heart or the kidneys. In facial neuralgias, inveterate migraines and headaches due to other causes, Sée has obtained cures within a few hours by the administration of half a drachm of antipyrine.

The same analgesic action was shown in neuralgia, neuritis, lumbago, ataxic pains, painful heart affections, etc.

The daily dose varies from 45 to 90 grains; 15 grains being given in half a glass of cold water, every one to three hours.

If nausea occur, the dose should be smaller. The respiration, the pulse and the temperature remain unaffected.

HERVIEUX reports a case of vaginal fistula, cured by injections of Labarraque's solution, diluted to one-fifth, and later, to one-third; and finally, in its full strength.

GALTIER calls attention to the danger of using milk, butter or cheese, from phthisical cows. Such milk should be used only for animals, and should even then be first boiled.

HAYEM has found lactic acid very useful in dyspepsia of infants, with green stools. A teaspoonful of a two per cent. solution was given five to eight times a day; equal to six to nine grains of pure lactic acid per day.

HAYEM found that the appearance of a single case of green diarrhea in the Children's hospital, would be followed by a general attack. So, also, when the diarrhea had been checked by lactic acid, it would reappear, unless the soiled diapers were placed at once in a solution of corrosive sublimate, 1 to 1000. He believes this diarrhea with green stools to depend upon the presence of a microbe, and that the malady is contagious.

Salicylate of soda has been found rapidly curative in gonorrheal orchitis.

TRIPIER finds enemas of hot water useful in dysentery. We have used them for years, with the best effect.

A peasant was mourning the illness of his wife, when a stranger entered and announced himself as a wizard.

He quickly discovered that the woman was bewitched. However, he could remove the spell in three days, for which the peasant paid the wizard ten dollars. When the latter had got a few yards from the house, he began to kick himself for not having asked more, when the money was so quickly given. He therefore returned and asked for the peasant's watch, which was handed over.

The three days passed, and many more, but neither money, watch, wizard or the promised cure, have put in an appearance.

—(*Le Courrier Med.*)

Well, France is not the only land where such fools exist. Men will believe the most astounding lies which can be gotten up by a scamp who has a new pill to sell; while a skilful physician,

Digitized by Google

who tells them the plain, commonplace truth, will be neglected. Tell a consumptive that by the exercise of the utmost skill her life will be prolonged for some years, and she will leave you for some mountebank who has some secret method, wonderful and mysterious, which will work an impossible cure.

Catarrh Cures.

A writer in the *Weekly Medical Review* says: "I have collected every catarrh, asthma and hay-fever 'sure cure' that is in the market, numbering in all fifty-eight, and have carefully examined them. Eighteen of these 'sure cures' are bold-faced frauds. One ounce of quassia chips, a pound of table salt, forty gallons of water, will make one barrel of 'sure cure' that sells for one dollar a bottle, holding six ounces. The same quantity of water, a pound of muriate of ammonia, a pound of ground cubebs and a little common potash will make another 'cure' that sells for fifty cents a bottle, holding four ounces. These two are the best of the eighteen frauds."

Life Goes Out with the Tide.

A physician living by the seashore states that of ninety-three deaths occuring in his practice, every soul went out with the tide, save four, who perished by accidents.—*Med. Press.*

—For a child who was seized with epistaxis, during an attack of diphtheria, Dr. Brenzinger used a solution of chromic acid, locally. The directions were to add enough of the acid to make a pink solution; but as this proved ineffectual, more of the acid was added until the hemorrhage ceased. The child recovered. No untoward effects were experienced from the chromic acid.

—For a case of hysterical convulsions, Prof. Waugh replaced a retroverted uterus, and directed it to be kept in place by cotton tampons saturated with glycerine. Oxide of zinc was given in doses of one grain, three times a day. The girl was also given a little bromic ether, with directions to inhale a few drops whenever she felt a spasm approaching. The first spasm was averted by this means, and the confidence thus induced was so great, that Prof. W. considered himself fully justified in incurring the small risk of putting this potent remedy in the hands of a patient. In two weeks she was able to avert a threatened paroxysm by simply inhaling a whiff from the vial.

Dr. Wile, of the *Med. Register*, has found white pinus Canadensis a valuable application for burns, relieving the pain promptly.

CLASS-ROOM NOTES.

[*From the College and Clinical Record.*]

—One of the most common causes of sterility is chronic endometritis.

—The subiodide of bismuth is now being much used as a local application at the hospitals, instead of iodoform.

—There are only two remedies which have the power of causing involution of uterine fibroids—electricity and ergot.

—Persistent vomiting, following typhoid, in a patient recently presented at the hospital, quickly yielded to naphthaline.

—Inject milk, or some colored fluid, into the bladder, and watch for its oozing into the vagina, to locate vesico-vaginal fistula.

—The best preparation of aconite is Duquesnel's. It is three times more powerful than any other preparation in the market.

—Of internal remedies for hemorrhage of uterine cancer, Prof. Parvin states that probably one of the best is the infusion of cotton root.

—In constipation caused by a deficiency of excretion, secretion and muscular power, a capital addition to a purgative pill is physostigma.

—Trinitrin, given in combination with quinine, iron, and other tonics, will effect much better results than the latter remedies given alone.

—In puerperal mania, characterized by activity and mental excitement, gelsemium will antagonize the morbid process and bring about happy results.

—In operating for supposed ovarian cyst, Prof. Parvin came upon what proved, instead, to be an encysted tumor of the peritoneum, a very rare condition.

—The best remedy for relief of, but which cannot cure, paralysis agitans is hyoscyamine, gr. $\frac{1}{100}$ twice a day. Do not produce the active effects of the drug.

—Chest protectors and cotton packing for the chest should meet with every physician's disapproval, for they do no good, and are productive of harm.

—A case of infantile eczema was recently shown at the Jefferson College Hospital clinic, which had been treated locally with a solution of resorcin, with very beneficial results.

—A very efficacious liniment can be made by taking—

℞ Liniment. saponis,.....f℥ i
Chloroformi venalis,.....
M.

Digitized by Google

—For eczema rubrum:

℞ Zinci carbonatis (impur.),.....℥ ss
Lanolini,.....℥ ss
Olei olivæ,.....℥ iiiss
M. Sig.—Apply freely. (Shoemaker.)

—For spermatorrhœa, characterized by a lack of vigor in the erections, due to a want of tonicity of the vessels, give digitalis; may be advantageously combined with the bromides.

—Prof. Da Costa strongly recommends gallic acid in hæmoptysis, but advises it to be given in doses of gr. xv–xx every fifteen minutes "until the blood turns black." It is of no use whatever in small doses.

—A patient, who was having daily four attacks of epilepsy, was remarkably benefitted by gtt. j doses of a one per cent. solution of hydrobromate of nicotine. After beginning this remedy, only one attack a week was observed.

—In ovarian cyst, one means of discovering the side from which it sprung, and the attachment of the pedicle, is to draw the uterus well down into the vagina by a tenaculum, and then pass two fingers into the rectum, and feel high up back of the uterus.

—A good antiseptic absorbing dressing can be made of common sawdust, as follows:

℞ Ammonii chloridi,.....gr. viiss
Hydrarg. chlor. corros.,.....gr. viiss
Glycerini,.....,℥ ss
Sawdust (sifted),.....i lb
M.—Dry before using.

—As many patients are liable to become alarmed when they ascertain by their prescription that so explosive an agent as nitro-glycerine is being administered, it is becoming quite popular and customary to designate it as liquor trinitrin, the one per cent. solution of the Pharmacopœia.

—Dr. Morton, at the Pennsylvania Hospital, recently cut down upon a fractured patella, brought the ends of the fragments in place, and held them by chromicized catgut. Antiseptic precautions were strictly observed; the result was all that could be desired, and bony union is believed to have resulted.

I am very well satisfied with THE MEDICAL WORLD, and believe it to be the most practical and sensible medical journal published.

Peru, Ind. J. F. RENNEST, M.D.

I find that there is something wrong about my office; and I have arrived at the conclusion it is THE MEDICAL WORLD I want. If the enclosed dollar does not bring it to hand, let me know, and I will increase the amount to five, if required.

Brightwood. W. H. JOHNSON.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal only. The editors are not responsible for views expressed by contributors.

☞ Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Opium in Cholera Infantum.

Editor MEDICAL WORLD:

In the June No. of THE WORLD Dr. Murray sharply arraigns me, with another, for advising the use of opium in treating cholera infantum. His bare, broad, unqualified assertion is that "*Opium Kills.*"

This position, if sustained, is not only important but *truly alarming;* for, sanctioned by high authority on the treatment of diseases of children, which is presumptive evidence in its favor, thousands of physicians are using this drug in some form in this disease; and I doubt not it will be startling news to them to learn that they are, if not wilfully, at least ignorantly, killing their little patients.

It would have been more convincing had some good and substantial reasons been vouchsafed for this flat denunciation. It would have relieved me from the disadvantage of answering arguments before any have been advanced. But the subject is of such vital importance, that even in the absence of anything but simple and unqualified assertion, I deem it important to examine the matter with some particularity.

Dr. M. does not tell us whether he speaks from personal experience and observation, or whether his conclusions are based upon an unfathered "They say."

Cholera infantum is a disease found almost exclusively in large cities, and is rarely seen in rural places. Some confusion arises from the fact that summer diarrhea is often erroneously termed cholera infantum. This is true in large cities, where by inexact diagnosticians inflammatory and non-inflammatory diarrhea is called cholera infantum; and this error in terms is misleading.

Some writers on materia medica warn against the use of large doses of opium for children. And yet it is certain that no drug is more widely used; and evil effects from it are very rare indeed. If I may judge from what I have seen, some children tolerate opium as well as adults do. But it should be borne in mind that the *proportionate* dose for an infant or a young child, must be strictly regarded. Also, that when from idiosyncracy opium is not well borne,

Digitized by Google

the adult is able to call attention to the untoward action, while in the child the peculiarity may escape notice, or fail to be attributed to the drug, until positive harm results. The caution, therefore, is well enough to put us on our guard, but should not be allowed to militate against the proper use of opium.

In cholera infantum I do not recommend heroic, nor even full medicinal doses. I should deprecate its reckless use. It should be used as Opie mixed his colors—"With brains, sir." It should not be pushed to the point of masking symptoms, nor obtunding sensibility; the danger points in the *reckless* use of the drug.

The recognized action of opium in arresting biliary secretion, sometimes even to the production of jaundice, is a theoretical objection to its employment. But this is obviated by the *ipecac* in the preparation used. The Dover's powder of old is a scientific preparation, but it is not altogether pleasant to administer. The tinct. ipecac et opii has measurably replaced the powder, and is an admirable substitute for it.

Now, note this fact. I did not recommend opium, morphine, laudanum, paregoric or any other preparation of the drug *but tr. ipecac et opii;* and this I did advisedly, after due consideration, and for reasons, some of which I here set forth.

In proper doses it produces no ill effects; is a heart tonic; checks inordinate peristalsis, and in connection with bismuth and chalk-mixture, restrains undue transudation into the intestinal canal.

Unless, therefore, some good and convincing reasons are given for abandoning the use of a drug so valuable as I consider this preparation to be, I shall continue to use it without compunction of conscience, and shall recommend it with all confidence to others.

Brooklyn, N. Y. BENJ. EDSON, M. D.

Cholera Infantum—Summer Diarrhea.

Editor MEDICAL WORLD:

I agree with Dr. Murray in regard to the use of opium in *infantile diarrhea*, or cholera infantum, dysentery, or any bowel troubles, *except* entero-colitis and peritonitis. No man living can foretell the end when he administers opium to a child with "summer complaint." No man can lay down rules for the treatment medicinally of every case. A red tongue calls for acids, sulphuric or muriatic, as certainly as an intermittent fever demands quinia; while the *white* coat demands soda bicarb, or some similar alkali. A grey coating says soda sulphite and baptisia just as plainly, when one understands the tongue indications. Now combine tincture of aconite and tincture of ipecac with the proper remedy (as indicated by the tongue), say four to eight drops of each in a four-ounce mixture, and direct one teaspoonful every half hour or hour, as the urgency demands; and if there is severe griping, add a few drops of tincture of nux vomica and cover the abdomen with hot fomentations; and you will cure your patient, and not mask the condition, or kill your patient with opium.

I always stop the drinking of water as much as possible. Every drink of water either purges or vomits, or both, and increases the thirst. Never is it curative, but always injurious. A cloth wrung out of water and laid over the stomach will do good in allaying thirst. No, gentlemen, let me admonish you in the name of humanity, in the name of science, in the name of a good God, leave opium out in such cases, both for children and adults. Better far to give purgatives, the dreadful preparations of mercury, hg. cum creta, with ipecac, or the tenth or twentieth of a grain of hg. cl. mite, with chalk, soda or bismuth, triturated, than to disguise the actions going on by opium, and cheat yourself. I am an old man and have tried all. I have not had a death from summer diarrhea, or any allied disease in children, for some years. I have contended with the members of our societies against opium, until I have almost despaired of inducing physicians to think carefully. They contend that to quiet peristalsis is to hold the gut still until it can heal. I think it is tying a man and letting his enemy beat him until he is dead. I believe the bowels ought to be able to reject the acrid poisonous secretions, until the cause of said secretions is removed, and they become bland and unirritating; then the bowels will check naturally.

My patient with pruritus vulvæ is still scratching. I have had many kind letters from the great brotherhood, giving their treatment. I have tried nearly all that have been mentioned, and more than a hundred others, which I will mention some time. With my thanks to the Editor and Fraters, I remain,

Smithville, Mo. B. F. RECORDS, M. D.

Answer to Assistance Wanted.

(MEDICAL WORLD, Vol. 5, No. 5, page 156.)

DEAR SAWBONES:

Stop the milk altogether. Feed on Ducro's Elixir, and pap made of snow flakes (crackers) and water, slightly sweetened with crushed sugar.

Give fifteen drops of paregoric when in pain, every four hours if necessary. Milk is the cause of the whole trouble.

New Orleans, La. C. A. GAUDET, M. D.

Digitized by Google

Temperature in Disease.

Editor MEDICAL WORLD:

Normal temperature is 98.4.
Feverishness varies from 99° to 100°.
Slight fever " 100° to 101°.
Moderate fever " 102° to 103°.
High fever " 103° to 105°. (Imminent danger.)
Intense fever " 105° to 107°. (Fatal issue.)

The normal temperature of the body in adults is highest on waking in the morning, and lowest at midnight. It is from 1° to 2° higher in children than in adults, and lower in the evening than in the morning. 1° rise in temperature corresponds with an increase of 10 beats of the pulse.

A patient who was well yesterday, but to-day has a temperature of 104°, indicates ague or ephemeral fever. If 106° it is some form of malarial fever, but *not* typhoid.

If on the first day the temperature rises to 105° or 106°, the fever is neither typhus nor typhoid.

If 101.7° in pneumonia, there is no exudation present; but if 104° to 106°, there is exudation and the attack is severe. Should there be consolidation at the apex of either or both lungs, delirium will surely be present. With measles, if the temperature is high when the eruption has faded, there are complications.

In typhoid fever, when in any evening the temperature does not exceed 103.5°, the case is mild. In the third week, if 104° morning and 105° evening, there is danger.

In acute rheumatism, 104° forebodes danger or some complication, as pericardial inflammation.

In jaundice of a mild form, if the temperature rises, it indicates a pernicious change.

In puerperal females, increase of temperature shows *pelvic* inflammation.

In tuberculosis, an increased temperature shows advance in the disease, or that complications are arising.

A fever temperature of 104°–105° in any disease, indicates that the advance of the disease is not checked and that complications may still occur. In relapsing fever the temperature rises quickly in the first stage, to 104° or 105° on the second day, then fluctuates till the day before defervescence, when it attains the highest point, 107° to 108°, from which point it sinks rapidly to 98° as the other symptoms subside. On the fourteenth day relapse occurs, and the temperature rises to 104° or 105° or more, to descend as rapidly as before, when convalescence begins.

In continued fevers the temperature is generally less high in the morning than in the evening.

In typhus fever temperature falls towards night.

Stability of temperature from morning to evening is a good sign.

If a high temperature remains fixed or rises from evening to morning the patient is getting worse, but when it falls from evening to morning it is a sign of improvement.

Convalescence is established when the normal temperature, 98.4°, is maintained throughout the day and night.

Cancer lowers the temperature, also diabetes mellitus and injury to the spinal cord.

Never give quinia with a dry skin, or opium with a contracted pupil.

Baltimore, Md. DR. C. COLEMAN BENSON.

[Cancer of the stomach is attended with fever in the latter stages; as in hepatic cancer when the peritoneum is involved. —W. F. W.]

Causes of Scurvy—Venom for Dyspepsia.

Editor MEDICAL WORLD:

Chronic poisoning by chloride of sodium is scurvy. Chronic poisoning by bromide of sodium is a disease almost, if not quite, identical. I have never read of the latter disease, but have one case now on hand with the general symptoms of scurvy, due to the continued use of the above salts.

Query:—Will the other salts of the group produce scurvy, or only the sodium salts? Is chronic bromide of potash poisoning, with acne, bad breath, depression, etc., a kind of scurvy? Is iodide of potash or iodide of sodium poisoning, a kind of scurvy? Are "Iodism" and "Bromism" only modified scurvy? Will other chlorides produce it? Will my friends, THE WORLD'S readers, notice in this direction and let me know the results?

Also I notice in the "International Encyclopedia of Surgery" that the venom of the rattlesnake is found normally in human saliva, and that it is a powerful digestive—its effect in poisoning being due to the digestion of the blood. I will at the first opportunity get some and use it in small doses for dyspepsia, and indigestions acute and chronic. Will others try it too? We may get a very valuable drug, more powerful than pepsin, ingluvin, etc., and do through it much good for some sufferers.

B. F. HOLCOMBE, M.D.

Vulture, Arizona Ty.

[We have all the agents for the treatment of dyspepsia which we care for, thank you. Somebody to whom the venom is given might have a gastric ulcer, and what then?—ED.]

Digitized by Google

Management of the Nipple.

[*Continued from May Number.*]

Editor MEDICAL WORLD:

Before leaving the anatomical part of my subject, let me consider briefly the abnormal condition in which we sometimes find the nipple. Retracted nipples may be simply normal nipples drawn in, as by old cicatrical bands, or pressed in as by a tight dress. But, probably more frequently, it is the rudimentary state of the nipple remaining persistent throughout life.

In the virgin state the color of the nipple and areola differs little from the surrounding skin. When conception has taken place, according to Dr. Montgomery, the first alteration perceptible is a soft and moist state of the integument; this state appears to be caused by infiltration of the subjacent cellular tissue, which together with its altered color, gives us the idea of a part in which there is going forward a greater degree of vital action than is in operation around it; and we not unfrequently find that the little glandular follicles, or tubercles, are bedewed with a secretion sufficient to damp and color the woman's inner dress. This change generally takes place about the ninth week of pregnancy, and the result is a considerable increase in the size of the nipple.

During the progress of the next two months the changes in the areola are, in general, complete or nearly so, and then it presents the following characters: a circle around the nipple, whose color varies in intensity, according to the complexion of the individual. In the centre of this colored circle the nipple is observed, partaking of the altered color of the part, and appearing turgid and prominent, while the surface of the areola, especially that part of it which lies more immediately around the base of the nipple, is studded over and rendered unequal by the prominence of the glandular follicles, which vary in number from twelve to twenty. These follicles are possessed of excretory ducts.

With respect to the contents of the lacteal ducts before parturition, I quote from Köl-liker as follows:—

"It is remarked that, except at the periods of lactation and pregnancy, the glands contain nothing but a small quantity of yellowish viscid mucus with a certain number of epithelial cells, and are lined up to their extremities by an epithelium. With conception, this state of things is altered. The cells of the gland vesicles begin to develop, at first a little and subsequently more and more, fatty matter within them, and to enlarge, so as to entirely fill the terminal vesicles. To this is added, before the end of pregnancy, a new formation of cells containing fat in them, by which the older cells are forced into the lactiferous ducts, which they gradually fill.

Thus it happens that, though a true secretion is not at that time set up, still in the latter half of pregnancy, a few drops of fluid may be expressed from the gland; which as shown by its yellow color, is not milk, but nevertheless contains a certain number of fat globules from the more or less disintegrated fatty cells, exactly resembling the subsequent milk globules, and also contains such cells either with or without a tunic, the so-called *colostrum corpuscles*. Upon the commencement of lactation after parturition, the cell formation in the gland-vesicles proceeds with excessive energy, in consequence of which the secretion collected in the lactiferous ducts and gland-vesicles is evacuated in the form of the colostrum or *immature milk; the true milk taking its place.*"

Thus we find that immediately after parturition, the nipple is, as compared with the virgin condition, projecting, turgid, sensitive, and with its lactiferous ducts filled with colostrum. The child, as a rule, is applied to the nipple at an interval of from six to twelve hours after birth. It grasps the nipple and part of the areola in its mouth, and there results during the act of sucking, compression of the nipple by the child's gums, friction with its tongue and suction by the anterior part of its mouth.

I wish here to say, that besides the child extracting the fluid contents of the ducts, it acts also on the vessels of the nipples, producing engorgement.

As soon as the secretion of milk has taken place, the breast and nipple become distended, heated and increased in sensibility; and, though now the milk will be more easily withdrawn by the child, the nipple is at the same time in a less protected condition. These results, gentlemen, will, of course, be all exaggerated if the nipple is retracted; as then more forcible suction will be requisite to draw out the nipples; whilst in some instances, this difficulty may be insuperable. This brings me to consider the affections to which the nipples, from the foregoing considerations, will be liable.

Ephraim City, Utah. WM. H. OLSTEN.

[TO BE CONTINUED.]

Neuralgia.

Dr. J. P. Hillegass, of Pennsburg, Pa., writes approvingly of the mixture of chloral and camphor, equal parts, painted over the affected nerves. We have used this remedy and found it a good one.

Digitized by Google

Septicemia.

Editor MEDICAL WORLD:

I would like to have your opinion and that of the "brethren" on cases such as the following: A woman is confined; the physician leaves her "as well as can be expected," but in a few days he is summoned post haste, to find the patient in bed with fever, tongue coated, flabby and pale, red at the edges, turning black in the centre as the patient grows worse. The feet are cold; the lochia stop. So far, the patient has invariably died under my present treatment.

I call this blood-poisoning, or puerperal septicemia. The old grandmothers say the woman has taken cold. This is very evident to my mind, as I find that most of those who are thus attacked have exposed themselves too soon after delivery. I have treated these cases according to Playfair, Stille and Goss. Now, why is it that my patients die? Would emmenagogues be of service? I have tried iron, quinine, aloes, myrrh, capsicum, ergot, and cantharides; none of them are worth much in my hands. Perhaps they should be combined in some way which I do not understand. I generally use iron, quinine, chlorate of potassa, whiskey and hot baths, with some emmenagogue. Let me hear from you, Mr. Editor, in the next issue of THE WORLD.

Covena, Ga. J. MORGAN NUNEZ.

[The cause of the trouble so graphically described by Dr. Nunez, is the presence of decomposing matter in the uterus. We agree with him in putting small value on drugs. The only treatment worth using, but one which is imperatively indicated, is washing out the uterine cavity with antiseptic solutions; and, if this fail to bring away the cause of the trouble, scraping it out with a dull curette. Instant relief will follow. This should be done early.

Four grains of corrosive sublimate or of biniodide of mercury dissolved in alcohol and then mixed in a pint of water, is a suitable fluid for injection. If nothing else were at hand, we would use warm salt water sooner than wait for the germicide.—W. F. W.]

Lingering Diseases of the Digestive Organs.

Editor MEDICAL WORLD:

The numerous changes which the classification, treatment and so-called pathology of these diseases are undergoing, and the many cases now treated for other diseases, which have their underlying cause in digestive troubles, show that their study has not kept pace with the general progress of medicine.

The departure from the healthful mode of life, by the introduction of the so-called refinements of the day, puts a strain on the digestive organs, which yield under the load and show disturbances; only occasional at first, but becoming more frequent, until at last they settle down into a continuous and intractable form of that numerous family of discordant elements grouped together for convenience, dyspepsia.

They begin very much alike, but differences in the nature and severity of the cause, and also in the age, temperament, habits and various other conditions of the patient, make them appear quite different as time goes on.

For example, overmuch or improper food in a young and sensitive subject will first cause uneasiness, by its effect on the sensitive gastric nerves, the par vagum; next, reflex disturbance through the sympathetic centres, such as nausea, vomiting, cramp in the stomach, diarrhea, etc.; or, if more distant parts become involved, frontal headache and urticaria show themselves. Again, in an older and less sensitive person, the gastric uneasiness will not be followed so readily by the reflex train, but the food will lie in the stomach, ferment, and the acid and gas thus produced will cause burning in the gastric region, "heartburn," and distension of the organ (often plainly perceptible externally), and flatulence. The continued presence of these irritants will cause a lingering form of inflammation of the mucous membrane—chronic gastric catarrh; and the same cause acting on the lining membrane of the duodenum will close up the bile ducts and produce catarrhal jaundice.

But, at this stage, a number of other forms of disturbance will appear, and the special disposition of the person to disease will decide which of the many channels now opening the case will follow.

Thus far I have called attention to cases starting in the stomach itself, but further on will refer to those beginning with liver disease, bowel disturbances, nerve derangements, etc.; and will finish up by pointing out special plans of treatment to fit the cases, not only with reference to their origin, but as modified by secondary disturbances, age, temperament, etc.; in a word, to give special indications for remedies in each, and how to follow the case by a succession of remedies as the changing conditions will require.

Newton, N. J. P. N. JACOBUS, M. D.

The Collection Problem.

Editor MEDICAL WORLD:

Let me say to Dr. C. S. Hamilton that eighteen years' experience teaches me that the the best way to collect accounts is as follows:

1. Collect for yourself, not through a collector. I can beat any "collector" I ever saw,

Digitized by Google

besides saving myself from being swindled by them. I have been bitten.

2. Render your accounts on the first day of every month. This will prevent "dead-beats" from getting into you deeply. Besides, people like it (*i. e. honest* people do), and pay small accounts at short intervals more cheerfully than large ones at long intervals, the amount and character of your services being fresh in their memory.

3. Without giving offense, let people understand that there is a *business* side to your profession, and that you are not guilty of any thing humiliating when you ask for your compensation.

4. Have a fair schedule of charges—let the same be known—and then *stick to them* religiously. If your charge for an ordinary obstetrical case is twenty dollars, and some man wants you to attend his wife for fifteen dollars, decline; if any body else wants to do it for less than your charge, why let him do it; otherwise, you will soon have no regular charges, but will have to take what people choose to give you. If you make a concession to A. B., no matter how confidential, he will tell his friend C. D., who will think you have treated him very badly, and he will do you all the harm he can, if you charge him more than A. B. This line of policy may cause you some loss at first, but it will pay you a big dividend in the end, and it will not be long before you will not be troubled with demands for a reduction in your bill. Not one patient in a hundred ever asks such a thing of me now-a-days. What is the result of this policy? Well, I don't owe any body a dollar. WM. W. MURRAY.

Suffolk, Virginia.

A Few Obstetrical Notes.

Editor MEDICAL WORLD:

Dr. W. A. Boyden, in the May number, relates the history of a very interesting case of labor, and asks a few questions concerning the same, which I will answer:

First. I believe the use of the forceps would have been advisable. I would have applied them just as soon as the cervix was sufficiently dilated to admit of their introduction. I do not believe that, when properly used, the forceps, *per se*, will cause serious laceration of the perineum.

Second. It is possible, and I believe not improbable, that the very early use of the forceps might have saved the child's life.

Third. I do not think that their introduction would have increased the number or severity of the convulsions.

Fourth. I believe that in those cases of puerperal eclampsia where the nervous or hysterical element largely predominates, a pretty good sized hypodermic of morphia is a good thing to begin with. I would not use much less than one-half of a grain, and not more than one grain; perhaps not more than two-thirds of a grain. I think I would give but one in the course of eight or ten hours. I would then administer chloroform by inhalation.

Fifth. It is impossible to give a positive answer to this question. My own opinion is that the direct cause of the death of the child was the prolonged labor, aided by the convulsions.

I do not write these comments in the spirit of harsh criticism, but in answer to the Doctor's own request. The Doctor is to be congratulated upon his success in saving the mother. Those are always "nasty" cases in more ways than one.

My experience with the use of ergot in labor "tallies" with that of Dr. F. D. Rogers and the editor of THE WORLD.

In a future number I will present a brief article on the use of the obstetrical forceps. Some of the readers of THE WORLD may remember that I asked a few questions concerning the use of the forceps last summer. I received a few replies, some of which may be of interest to a portion of THE WORLD'S readers.

Binghamton, N. Y. F. W. PUTNAM, M.D.

Eclampsia.

Editor MEDICAL WORLD:

I have had two cases of eclampsia; in both cases the ladies had several convulsions before I saw them; as soon as I entered the room I bled each patient from both arms at the same time, delivered with the forceps at once, and gave the following every two hours. In both cases the convulsions ceased as soon as the uterus was emptied.

℞ Morphinæ sulph.,.....gr. ij
Choral hydrat.,.....℥ ij
Potassii bromid.,.....ʒ ss
Aq. menthæ,.....f℥ iv

M.—Dose, fʒ ss every 2 hours until patient has refreshing sleep; then every 4 hours as required.

In both cases I delivered fine robust male children who are living to-day.

The parents were so well pleased that they gave me the name. So I have two namesakes at least.

I believe that the lancet and forceps should be used in all cases of eclampsia; at least in all cases where the delivery cannot be accomplished speedily in any other way. I think that in many cases by using the forceps in time, convulsions

Digitized by Google

might be prevented, besides much suffering to the patient. I believe that the patient should never be left in such excruciating pain for hours, the labor making no progress, the pulse running high, the eyes wild, perhaps with throbbing headache. It has been my custom in such cases to use the forceps, and I have never had cause to regret so doing; in my practice of eighteen years I have never lost a patient, and all the babes that I delivered with the forceps are living. To Dr. Boyden's 3d question my answer is, that the irritation was there and the sooner it was removed the better.

I think a physician, when called to a case of confinement, should never fail to take with him his forceps, ether or chloroform, nitrite of amyl, or ammonia, morphine, bromide of potassium, hydrate of chloral, ergot and a female catheter, and if he does not need them, so much the better, and if he does they are at hand, as he may need them badly when he cannot get them in time.

Karthans, Pa. F. S. NEVLING, M. D.

Eclampsia.

Editor MEDICAL WORLD:

I have read with interest the report of Dr. W. A. Boyden, of his extraordinary experience with a case of eclampsia. Speaking truth, as I understand it, in love, I desire to make a few observations touching this important subject. What is the cause and essential pathology of puerperal convulsions? It is not uremia, though this may exist, and may have its influence. So may albuminuria and anemia of the brain. But the fact that 60 per cent. of the cases occur in primiparæ, and even a greater per cent. of them during labor; and that as a rule the fit comes on during a pain or an examination, points to an abnormal irritability of the nerve centres; and shows the excitement of the fits to be of a reflex nature. In some cases reflex irritation alone may excite a fit; and, as a rule, in all cases, convulsions cease after delivery.

Nephritis, albuminuria, and perhaps uremia exist to some extent in most of the cases of eclampsia, though not in all; but whether as a cause or consequence may in many cases be doubtful. But the convulsions are not uremic convulsions. In uremia, also, the temperature is rather below normal, whereas in eclampsia it is above, sometimes high. This elevation of temperature is evidently of nervous origin. This central nervous irritability or disturbance is the main pathological factor in eclampsia. This abnormal condition of the nervous centres, a condition too unstable to bear the irritation of the pelvic nerves during labor or manual examination, is probably caused by a poison in the blood, perhaps of renal origin. The great percentage of primiparæ, however, points to other factors in its causation. Dr. Boyden's case clearly bears out my views of the pathology of eclampsia. I don't mean by this that these views are original with me; they are scattered through the literature of obstetrics. But I believe they are not understood by many physicians. By this statement of the pathology of puerperal eclampsia, it will be perceived, the treatment becomes plain and imperative—*delivery without delay*. Chloroform is absolutely necessary to that end; why? it abolishes reflex irritation. Here lies the secret of chloroform in eclampsia in all cases. I need hardly state that if irritation of the parturient canal is the cause of the fits, as it unquestionably is in the great majority of cases, the indication is to terminate the irritation by complete delivery. This is not to be done by ergot or oil of tansy. No! No! My dear Doctor, your case did pull through "those horrifying convulsions," but you should have given relief and not have allowed those "appalling scenes" to have occurred. My advice to you, Doctor, is to buy a pair of Hodge's long forceps and learn how to use them, and my word for it, you will never witness such an "appalling scene" again. The forceps, chloroform, and your fingers could have delivered her in an hour's time after you saw her the second time, without even scratch or tear, and perhaps brought a living child. Forceps, properly manipulated, are positively harmless. They are not to be thrust into the woman with sheer force without regard to position and presentation of the fetus. Chloroform, digital dilatation (the fingers are always at hand), and delivery by forceps without unnecessary delay, are the indications in eclampsia.

New London, Minn. CHRISTIAN JOHNSON.

[But don't forget what a powerful agent for good we have in pilocarpine.—ED.]

Obstetric Points.

Editor MEDICAL WORLD:

For the past few months I have noticed with pleasure a growing inclination on the part of contributors to your columns, to freely exchange ideas upon the management of obstetric cases. With all the admirable articles that have been presented, it seems to me that the most vitally important element of modern obstetric practice has been overlooked; I refer to antiseptic treatment.

In these days we know that puerperal septicemia is due to a poison (probably produced by microbes); that inflammatory puerperal diseases are as a rule the result of infection; and knowledge of these facts has suggested a method by which these dread maladies may be prevented.

Digitized by Google

In 1881 the use of the bichloride of mercury as an antiseptic in obstetric practice was first suggested to the profession at large, and each succeeding month has emphasized its value.

The mortality from puerperal septicemia previous to the adoption of antiseptic measures was appalling; since the adoption of Tarnier's suggestions (bichloride method), we know that if this complication arises, it is due to neglect or carelessness on the part of the obstetrician, or some of the attendants. Previous to 1882 it was my practice to use carbolic acid in all cases. I abandoned the use of the acid for the bichloride method, and with most gratifying results. Some months since, Messrs. Parke, Davis & Co., of Detroit, placed upon the market compressed tablets of mercuric iodide, each containing one grain, for which they claim nearly twelve times the germicidal properties of an equal quantity of bichloride. I now use these tablets, because they are convenient to carry, are inexpensive, readily soluble and reliable.

When called to attend a case of labor, before making an examination I thoroughly disinfect my hands, by holding them for a minute or two in a solution made by dissolving two of these tablets in a pint of warm water.

After a thorough examination, I direct a warm vaginal injection, one tablet to the pint. I make it an unvarying rule not to allow my hands to come in contact with any part of the genital tract, without having been first immersed for one or two minutes in the stronger solution, viz., two tablets to the pint. I also compel all nurses and assistants to observe the same precaution. If necessary to use instruments of any kind, I always see that they are thoroughly disinfected, and that all oil used upon hands or instruments contains the mercuric iodide in solution. Immediately after the birth of the child I remove the secundines, have the external genitals washed with a solution, one tablet to the pint, and apply the antiseptic pad. These pads can be purchased for $1.00 per dozen, or can be made at the bedside, as follows:

Make a solution, one tablet to the pint, and out of this solution wring a pad of absorbent cotton or oakum, or in the absence of both these materials, five or six thicknesses of flannel will do; this pad is made sufficiently large to cover the symphysis in front, and anus behind.

The pad is applied, covering the vulva closely, covered with oiled silk, rubber tissue, or other light waterproof substance; heat a large pad of dry cotton, oakum, or folded cloth, and lastly apply a bandage of linen or muslin, which is secured in the same manner as the regular monthly bandage.

This dressing should be removed at least three times a day, the condition of the bowels and bladder attended to, the external genitals and adjacent parts sponged with a weak solution, and a new dressing applied.

I was much pleased with Dr. Olsten's article in the February number. I have made use of the knee-elbow position in the management of prolapse of the cord for nearly fourteen years, and *invariably* with gratifying results. More anon.

Oswego, N. Y. H. L. WILDER, M. D.

Another for Boyden.

Editor MEDICAL WORLD:

Please find enclosed one dollar ($1.00), for which consider me again a subscriber for THE MEDICAL WORLD. I take a number of medical journals, but I like THE WORLD the best of all. The brevity of its articles, and its practical value, should commend it to every busy practitioner.

I read with interest every article found within its pages; but an article in the May number, headed "Eclampsia," by Dr. W. A. Boyden, struck me very forcibly in the fact that he would attend a case of confinement, especially five miles in the country, without having with him a pair of forceps, some fld. ext. ergot and chloroform, to meet any emergency that might arise.

It always has been a golden rule with me never to go to a case of confinement without having a well equipped obstetric bag near at hand, in case that it should be needed.

As the Doctor asks for comments upon his case, perhaps he will pardon me for relating the methods in which I treated a parallel case not long since, with good results. When first called to the case, the convulsions following in rapid succession, the proper method, to my mind, would be to bring on labor and empty the uterus as soon as possible. I would give a full dose of fl. ext. ergot (if the os was beginning to dilate), and as soon as the uterus began to contract I would assist dilatation with the examining hand, apply the forceps, and empty the uterus as soon as possible. I have seen many cases of convulsions subside as soon as the uterus was emptied. The forceps properly manipulated are absolutely harmless either to mother or child, and I believe had they been applied early in this case (Dr. Boyden's), other things being equal, the life of the child might have been saved. In order to control the convulsions, I should keep the patient under the influence of chloroform during the operation, as no doubt the irritation of the blades of forceps would favor the convulsions. I would order an assistant to be seated at the

Digitized by Google

bedside, to administer the chloroform as soon as symptoms of convulsions presented.

I would advise Dr. Boyden to secure for himself a neat little obstetric bag at a small expense, have it long enough to carry forceps and a few gum elastic catheters, and have some compartments for holding bottles attached to the sides, which should contain the following, viz.: chloroform, fl. ext. ergot, bromide potassa or hydrate of chloral, acidi carbolici, pulv. opii, and the liquor ferri perchloridi, etc. Perhaps he may never have occasion to use any of them; so much the better; but let him leave them at home in one case, and that will be the very time that he will need his much prized obstetric bag.

C. P. TREMAINE, M. D.

Moncton, New Brunswick, Canada.

Palpitation.

Editor MEDICAL WORLD:

I have a case of interest for which I ask a reliable treatment:—Mr. A., aged 22, farmer, of steady habits, indulges in no excesses; moral, unmarried, robust and a Russian. Always had the best of health until four years since. At that time he ran after a calf, trying to take it by outwinding it, since which he has, by spells, an excessive action of the heart; it beat with the power of a horse, and one hundred and seventy times per minute, when I made an examination last week. He started to town in the buggy, and on the way it began as described; will usually become normal after lying down on the left side, in the course of a few hours. I would be pleased to have your opinion and treatment in the next WORLD issue; also, the opinion of the readers of THE WORLD.

THE WORLD is just my idea of what a medical journal should be. I shall bind mine. Long may you live to publish it.

Fairbury, Neb. J. HUMPHREY, M.D.

[Would give three drops of Fowler's solution before each meal, and continue for months, unless arsenical poisoning occurs. Digitalis will best relieve the paroxysms.—W. F. W.]

Dr. Carrahy's Case.

Editor MEDICAL WORLD:

I have had cases resembling Dr. Carrahy's, and attributed them to dyspepsia, with some affection of the liver and kidneys.

For the dyspepsia I give:

℞ Ext. hydrastis Canadens. fl., ... f℥ j
Ext. sarsæ (Americanæ) fl., ... f℥ j
Humuli, ...
Fol. amygdali Persic., ... āā ℥ j

M. S.—One teaspoonful immediately after meals.

A tea made from the hops and peach leaves, with just enough alcohol to preserve it, is more grateful to take.

If there be great pains along the ureters, I use this also:

℞ Lobeliæ pulv., ...
Leptandrin, ... āā gr. v
Sanguinariæ Can., ... gr. iij

Make an infusion, and give one-sixth part every hour until the pain disappears.

Michigan Valley, Kan. J. P. COOK, M. D.

[The remedies are not from Merck, but it does not follow that they are not just as useful. —ED.]

One Query—One Recipe.

Editor MEDICAL WORLD:

I must say I look forward anxiously each month to the time when I shall receive THE WORLD, for it is always full of good things, and very much to be desired.

I should very much like to ask through the columns of THE WORLD, for some one to suggest twenty of the most desirable remedies, or combination of remedies, suitable to be carried in a buggy case. I saw in your May number a formula for sick headache. I can recommend the homœopathic tincture of epiphagus Americanus in about 3-drop doses. I have often alternated the fl. ext. of iris versicolor in same dose with the above, with relief from the first dose. A. E. MASON, M. D.

New Buffalo, Mich.

Diphtheria.

[We are well aware that most of our readers are fully competent to "tackle" this in the original French (it was sent to us in that language), but fearing lest some of you have got a little rusty, for want of practice in that language, we have ventured to translate it for you.—Ed.]

Editor MEDICAL WORLD:

Formulas and prescriptions for the treatment of diphtheria are abundant. To this great number will you permit me to add the two formulas following, which, in different cases, have given us full and entire satisfaction:

℞ Tinct. ferri chloridi ..... f℥ ij
Acidi hydrochlorici dil. (10 per ct.) f℥ ij
Acidi phosphorici dil. (10 per ct.).. f℥ j

M. S.—Paint (badigeonner) the pharynx by means of a medicine dropper charged with this mixture, two or three times a day, according to the gravity of the case.

℞ Potassæ chloratis ..... ℥ j
Syr. limonis ..... f℥ ss
Aquæ ..... f℥ jss

M. S.—For a child two years of age, a teaspoonful every three hours; for a child between two and ten years, a teaspoonful every two hours.

New Orleans, La. DR. G. L. TALBOT.

Digitized by Google

"A Case of Congenital Recto-Vesical Fistula with Imperforate Anus."

Editor MEDICAL WORLD:

In May '86 I was called to see a babe one day old. I found on examination an imperforate anus, and at once noticed that there were liquid feces passing out through the urethra. By close examination I satisfied myself that the rectum did not terminate in the bladder. I at once made an artificial anus, and very easily passed my little finger up into the rectum. I could feel no obstruction, but there was certainly some obstruction high up, for no gas or fecal matter passed through the artificial anus. The babe died on the third day. As far as I could determine the babe was otherwise perfect. There was no post-mortem examination. The above case may be of interest to some of my medical brethren. Such cases I believe are not very common.

W. WAUGH MCCLEARY, M. D.
1208 Chestnut St., Phila.

Hyperidrosis.

Editor MEDICAL WORLD:

For A. J. Haile, M. D. (June number, page 179), I would suggest that the doctor try the following:

℞ Zinci oxide.....ʒ iv
Acidi carbolici.....gr. v
Vaselinæ.....ʒ j
M. Sig.—Apply to feet each night; also wear a pair of socks which are to be removed each morning; then wash the feet thoroughly with soap and water.

Several years ago I was troubled with the same difficulty as the doctor's patient, and after trying many things, and receiving no benefit, I tried the above; which, after three or four weeks faithful application, not only cured the "hyperidrosis," but it destroyed the offensive odor attending it; neither of which have returned.

Newton, Iowa. M. R. HAMMER, M. D.

Editor MEDICAL WORLD:

My case of strumous erysipelas is still on hand. Will give you a better description of same.

Lady age 18, in perfect health, seems to enjoy herself as well as anybody; no menstrual trouble; everything goes on all right until just before a bad spell of weather, then she is confined to her bed until clear weather again, when she is up, but not well until some part of the limb suppurates; after running a few days it heals up. (Her mother had erysipelas in the same leg once or twice each year for ten years before she died.) Will you or some of the brotherhood give me something that will cure my patient?

Peel, Arkansas. H. W. PAINTER, M.D.

Synovitis.

Editor MEDICAL WORLD:

On page 161 in your last number I observe your treatment for synovitis. Allow me to state, that in addition to the treatment there set forth, the hot (not warm) water dressing faithfully and persistently applied, and well regulated extension of the member, will do much in many cases. Time is an important element in the treatment of such cases.

Now that I have looked the "Manual of Treatment" well nigh through, allow me to state that there are many things in it that I like very much. I believe that I spoke to you in a former communication of how well I liked what you have to say about diphtheria, etc. And while I say MEDICAL WORLD *live long and prosper*, the same remark applies to the Manual.

Danville, Ind. W. J. HOADLEY.

"What is It?"

Editor MEDICAL WORLD:

I wish to ask you, or some of the brotherhood, for a little information in regard to a case I have under treatment. A negro, aged 25, had measles in January, 1886, which considerably reduced him, and left a severe cough. He gradually regained his strength, but the cough continued, and during the last winter he had three or four attacks of hemorrhage from the lungs. I was called to see him on the 15th of April, 1887, and found him suffering from what I diagnosed as phthisis pulmonalis. He has had to keep his bed ever since. Temperature ranging from 100 to 103° F., pulse from 90 to 100, respiration from 20 to 30, dullness over apex of both lungs, &c. I have given the usually prescribed remedies with little or no improvement. A few days ago I added to the other treatment a preparation of wild cherry and carbolic acid. Yesterday while having a hard fit of coughing, he coughed up a "something" somewhat resembling a tape-worm, ¾ of an inch long, with 20 joints or segments; it is of about the diameter of a large brass pin; on what I think is its head, there is something resembling a "bill;" it looks as though it was hard, and is of a reddish color. In looking at it with a small magnifying glass, it seems to be semi-transparent. Its color is very much that of a tape-worm. It was kept in a vial of water last night, and is alive this morning; it wriggles about and is very active. Gentlemen, what is it? Did it come from the lungs? Does it have anything to do with the lung trouble? Did the carbolic acid have anything to do with its expulsion? Please let me hear from you through THE WORLD. T. H. LYON, M. D.

Martin, Ga.

Digitized by Google

Help Wanted.

Editor MEDICAL WORLD:

I wish a little help, as I have a peculiar case. Mrs. Mary B., age twenty-seven, mother of three children. I will give symptoms in her own language: She has attacks of bilious colic with severe frontal headache, pain in right side, palpitation of heart continually, with a choking sensation; sits up all the time while suffering with palpitation, very weak and nervous. Would like your opinion of the case, also treatment in next journal.

Walnut, Miss. A. F. K.

[Gastralgia or gall-stone colic, according to symptoms not given here. As preventives we would advise a simple diet, and sulphate of soda, thirty grains one hour before each meal, in a cup of hot water. To relieve the attacks, the inhalation of a little ether, or chloroform in small doses by the mouth, would be preferable to morphine hypodermics.—W. F. W.]

To Sawbones.

Editor MEDICAL WORLD:

Sawbones, of Pilot Rock, Oregon, asks for assistance.

First, I would inquire into the nature of the mother. If she has "mad spells," or is at times melancholy, or has any great nervous troubles, wean the child. At the same time give Dover's powder and subnit. bismuth. Should green discharges be the effect of acidity of the lower bowels, they will change in color. If they do not change in twelve or twenty-four hours, give hyd. cum cretâ with Dover's Powder. Externally use quinine in glycerine or lard. Examine the spine; you no doubt will find a tender spot about the last dorsal or first lumbar vertebra. If so, apply a liniment of tr. camphor, turpentine, āā i ℥, aqua ammonia ½ ℥, capsicum pulv. ½ ℥. Apply along the spine; also over the bowels.

Let us hear again, and give us your name. You need not be ashamed of it or of your calling.

Long may "THE WORLD" live! May the "brotherhood" be as numerous as the stars. Brothers, we can assist our editors by each securing a new subscriber.

Bross, Kan. J. H. MEDARIS, M. D.

[The above suggestion is a good one, and if you will do it we will agree to enlarge the journal and thus increase its usefulness.—Ed.]

Treatment Wanted.

Editor MEDICAL WORLD:

I should be very glad to have some of my professional brethren suggest treatment in the following case: A lady, twenty-seven years of age and mother of three children, consulted me with the sad story that her mammary glands were gradually dwindling away after every child she had; she has nursed three till about seven to eight months, and then had to stop on account of the insufficiency of milk. She is otherwise healthy, weighs about one hundred and thirty pounds. DR. MATTUR.

San Francisco, Cal.

[See article in Current Medical Thought.]

A Case.

Editor MEDICAL WORLD:

About the year 1854 I was requested to attend Mr. Fogarty, residing in "Tracy's Row," Lansingburgh, N. Y. I found him laboring under profuse perspiration and expectoration, with diarrhea. He was greatly emaciated. Examined and found symptoms of an extensive cavity in the upper lobe of right lung, with a curious splashing sound; could be heard by any one in his room, both in inspiration and respiration. Pulse 115 and weak, appetite remarkably good. I thought he was in the last stage of phthisis pulmonalis; ordered him milk punch and cod liver oil, with little hopes of benefit; yet he seemed to relish it, and took it frequently in the day, without its disagreeing. However, to use his own words, he said that he had a choking fit of coughing, and he coughed up what he said was a chunk of charcoal. It was of a triangular form, measured 1⅛ inch in length, and ¾ inch in width, and coming to a fine point.

His habits will explain the mystery. He was a beer peddler, employed by Ed. Tracy, Esq. My patient, Mr. F., did not like beer, but was exceedingly fond of oysters, and any saloon he could get them at, he generally sucked them off the shell. On one of these occasions it is supposed that the oyster went the right way but the broken oyster-knife blade lodged on top of the right bronchus, and remained there for more than 9 months. Now this chunk of charcoal was beautifully polished, I should say carbonized, and was fully ¼ inch thick on each side, the steel absorbing the carbon from the lung. Immediately Mr. F. began to get well, and ultimately completely recovered.

Now the best of the joke is that he thought I had no right to be paid; the fellow actually imitating me, by saying in his own way, "Sure, he (the doctor) tould me that there was a kavty in me lung," and that I could not tell him what it was, or what was the matter with him.

Troy, N. Y. H. C. MURPHY.

Digitized by Google

Was it Diphtheria?

Editor MEDICAL WORLD:

I beg leave to report a unique case, which I hope will be answered by the best critic reader of your illustrious journal.

April the 9th I was called to see Mr. M.'s child, age nine months, hand-fed for the last two months; then suffering from a severe diarrhœa, attributable to the evolution of two incisor teeth and a change in diet from flour to cornbread and milk. The dejections were very frequent and the tenesmus very intense. I prescribed the usual remedies—anodynes, laxatives, astringents, mineral acids, disinfectants, restricted diet, digestives, irrigation of the bowels; anodyne injections, etc. But it grew steadily worse, and on the 13th its bowels became very much distended with gas; the temperature rose from 101° to 103°, and bronchial catarrh and coryza set in; the cheek became flushed, which is considered by some so characteristic pneumonia.

The tympany was met and momentarily subdued by application of hot fomentations to the abdomen, with turpentine stupes and the internal administration of bismuth, lacto-peptine, carminatives, etc.; the bronchitis by enveloping the chest in linseed meal poultices.

When the preceding symptoms became intensified, the dejections from bowels would in a marked degree diminish in frequency and attendant symptoms become less severe, and vice versa. Just here Dr. B. was called in consultation, who readily agreed with me in the diagnosis, and coincided in the treatment, and visited the case with me subsequently. The stomach, which had behaved well all the while, began to revolt against everything, but was relieved by oxalate of cerium and creosote. On the morning of the 16th the child began retching and protruding the tongue, as though something was in its throat. So severe was it that the mother called our attention to this distressing symptom. Examination revealed a false membrane on the sides of the pharynx and œdema of the whole larynx, pharynx and post nasal mucous membrane, which was soon covered by the diphtheritic membrane. On the 17th the kidneys ceased to act, every symptom became more alarming, fever rose to 104°, and would not yield to anti-pyrine except in prostrating doses, but previously had been subdued by anti-febrine. The breathing became much labored at times, but would then get better and the child would rest for a few hours. On the 18th it passed into an unconscious state, but would at times attempt to drink substances applied to the lips, but the dysphagia was so intense that after a few trials it would sink back on the pillow apparently exhausted. The pulse grew weaker, and as best I could count reached 180 beats per minute. The eyes took on a peculiar wild stare, flashing from one side of the room to the other, the pupils vacillating, sometimes one contracted and the other dilated. Feet and legs became œdematous, respiration more labored, pari passu appeared cyanosis, and at 12 P. M. it died of asphyxia, with bowels distended far beyond reason. What was it? If it was diphtheria, would tracheotomy have been a rational procedure at that stage of exhaustion and with the concomitant troubles. No diphtheria in the country and none followed, but I kept the children of the family away from it and had them take listerine for several days, and I had the mothers who nursed and visited it to change their clothing and disinfect themselves before they returned to their children. I neglected to mention that the only treatment it had for the diphtheritic complication was chlorate potassa 1 gr., and insufflations of sulphur, lacto-peptine and chlorate potassa, every three or four hours. I urged the use of hyposulphites and listerine, but Dr. B. demurred, and said, "We would try the above a few days," but, alas, it died before the few days passed by. Success to THE WORLD. J. O. LOWRIE, M. D.

Timpson, Texas.

[The disease was primarily indigestion, with gastro-intestinal catarrh, fermentation of the intestinal contents, and finally, not diphtheria, but *thrush*.

The treatment should have been by pepsin, properly regulated food (not corn meal!) and antiseptics, such as the sulpho-carbolate of zinc, alcohol, boric or salicylic acid, internally, inunctions of cod-liver oil or hot salt baths, and plenty of fresh air.—W. F. W.]

Drips from a Sponge.

Editor MEDICAL WORLD:

Used Dr. Murchison's ℞ April No. page 133, and prevented a mammary abscess. It's a good one. Try it.

Good results from pilocarpine in facial erysipelas, as recommended by Prof. Da Costa.

℞ Pilocarpinæ .....gr. ij
Aquæ,.....f℥ ij
M.—Teaspoonful every six hours.

Gave immediate relief to pain over kidneys. Locally, used warm lotion of listerine one part, rose water three parts.

Carbuncle over scapula, five inches across and two inches across central opening. Treated with poultice and incision. Always dressed under a spray of listerine and water, equal parts. Later a solution of bichloride of mercury was directed from a fountain syringe twice daily. And later still, a stimulating ointment:

Digitized by Google

℞ Fl. ex. pinus Canadensis, ...ʒ j
Cosmoline,..... ʒ j
M.

General system watched and supported. Egg-nog was freely given. Half a drachm of Epsom salts every morning.

For diarrhea, ulceration of Peyer's patches and the tympanitic condition in typhoid fever, I find nothing to work so well as turpentine emulsion and the local application of cold.

℞ Ol. terebinth.....fʒ iij ss
Tr. opii,.....fʒ iij
Sacch. alb.,.....
Acaciæ,.....āā.....ʒ ss
Aquæ camph. ad.....fʒ iv
M.—Teaspoonful every four hours.

If agreeable to patient, wring a towel out of cold water, fold and apply to abdomen, cover lightly. Repeat when warm. This, I find, will allay thirst and also quiet the inflammation.

The general effect, also, is often beneficial, from both the emulsion and cold pack.

Blue Hill, Neb. GEO. CHAFFEE, M. D.

Economical Drugs.

[CONTINUED.]

Editor MEDICAL WORLD:

Besides the liver pill described on page 150, the powdered extracts may be variously combined in pill form, according to indications met in the treatment of disease.

In our routine work we meet many cases which do not present the symptoms of a distinct disease. The patient simply complains of weakness and loss of appetite; the tongue is slightly coated. For this condition a Seidlitz powder every three days, in the morning on rising, and a mixture composed of soda bicarb., with the fluid extracts of gentian and dandelion, and aqua q. s. are the economical drugs.

As a diaphoretic, in the majority of fever cases, nothing can be more economical than the freshly prepared acetate of ammonia. We make it ourselves by adding carbonate of ammonia to dilute acetic acid until the solution is perfectly neutral. When we wish to defibrinate the blood, as in fevers which are sometimes fatally complicated by heart-clot, the addition of five grains of the carbonate of ammonia to the solution often rewards our labor. Where there is much restlessness, Dover's powder quiets the patient, and acts kindly with the solution. This solution has a wide range of usefulness. In the neutral form, it is useful in typhoid and bilious fevers; in amenorrhea, before the administration of iron; in the fevers following severe hemorrhages of women; and when ammonia carb. is added, as above directed, it becomes a reliable remedy in the heart complication of acute rheumatism, in diphtheria, pneumonia and scarlatina.

We have used numerous cough remedies, and we believe that the best that can be prescribed in a given case is the most economical. In dry cough of short duration, we have had good results from a solution of carbonate of ammonia with hydrastis Canadensis. Allow me to state here before passing, that I have been well pleased with ergot, carbonate of ammonia and glycerin, used separately, in capillary bronchitis and lobular pneumonia. The following is a good cough remedy:

℞ Morphinæ sulph.....gr. iii
Syr. scillæ.....fʒ ss
Syr. senegæ.....fʒ iss
Syr. tolutanæ.....fʒ ii
Acidi citrici.....gr. xx
M. Sig.—Teaspoonful every four hours for an adult. Where the cough is dry, hyoscyamus may be added instead of morphine.

As an alterative expectorant in chronic bronchitis, and other lung troubles, the following will give as good results as any we have used:

℞ Vin. antimonii.....
Vin. ipecacuanhæ.....āā....fʒ ii
Liq. morphinæ sulph., U. S. P.....
Tinct. scillæ.....āā ...fʒ ss
Copaibæ.....fʒ i
Syr. pruni Virg.....fʒ ii
M. Sig.—Teaspoonful morning, noon and night.

Oak Hill, N. B. J. G. ATKINSON, M. D.

[TO BE CONTINUED.]

For the Road.

Editor MEDICAL WORLD:

Some suggestions regarding a condensed liniment for the road. Dissolve three drachms of solid camphor in one fluid drachm of chloroform. This is perhaps one of the most remarkable cases of solution the whole range of chemistry presents us. The solution should be rapid and complete; the bulk of the liquid is increased from one to four fluid drachms. Add to the above an equal quantity of a strong solution (in alcohol, ether or chloroform, as the case may be or circumstances require) of morphine, menthol, aconitin, atropin, cocaine, gelsemin, hyoscyamin, etc., one or several of these as may be deemed advisable, if you wish an anti-spasmodic, anodyne and sedative liniment; or oil of stillingia, oil of capsicum, oil of mustard, etc., if an irritant, discutient, stimulant, rubefacient or vesicant one is desired. These liniments can be put up in drachm vials when needed in the country, and for special purposes as neuralgia, etc., can be painted on the painful part, or applied to a painful or aching tooth without dilution (many of the magic toothache drops peddled through the country, or vended on the streets, resemble these liniments); or when

Digitized by Google

a less active effect is desired directions can be given to put it in a two, four, six or eight ounce bottle (according to the strength desired for the case), and add alcohol, brandy, whiskey, tinct. arnica, etc., one or all of which can usually be found at every farm house; also a little kerosene oil or turpentine if advisable, which is also kept in most country houses. If added to water, the yolks of one or more fresh eggs should be used to get a suitable emulsion; soap and aqua ammonia, which can also be had at most country houses, may be added if thought desirable. An ounce vial in one's buggy case, filled with one of the compounds here suggested, will supply a number of persons with a really valuable and efficient liniment, without the necessity of sending them to town for it, thus causing considerable delay; and besides country patrons do not like to have to go to town to get a prescription filled every time they call a physician.

It is difficult to make suggestions regarding some cases without first seeing them; but I have had three cases somewhat resembling the one for which Dr. F. D. Badger asks help from the readers of THE MEDICAL WORLD. I will not venture to diagnose the case from the report, but will simply state what benefitted my little patients. To all I gave pills composed as follows:

℞ Podophyllin.....1-24 gr.
Aloin.....1-40 gr.
Capsicum.....1-80 gr.
Ext. nux vomica.....1-64 gr.
Ext. belladonna.....1-64 gr.
Oleum tiglii.....1-120 gr.
M.—One pill.

Of these pills I gave one at a dose from one to eight times a day, or just often enough to produce one or two naturally colored movements from the bowels each day; to two of them I gave Fowler's solution and fl. ext. of rumex crispus, (one had no skin disease, all had glandular enlargements, etc.,) and iodide of iron; two took cod liver oil; one had stomach worms in addition to the other troubles, and took a thorough course of treatment for them, passing over one hundred large sized round worms; this was the main treatment used; a few other remedies now and then to meet special indications, discontinuing them as soon as practicable. All the cases were several months under treatment, and all apparently perfectly recovered. In all the diet was looked after closely. One case, after enjoying good health and growing very fast for about two years, died of intestinal obstruction (intussusception); the others, though at times suffering from some of the various ailments incident to childhood, have had fair health since; in all but one case the parents were healthy; the mother of one of the children was a scrofulous sorry-looking subject, and has since developed cancer. The hay fever prescription (Thomson's), in THE MEDICAL WORLD for May, 1887, is badly mixed. I can hardly think I wrote it that way, but perhaps I did; any one may make a mistake; it should read:

℞ Fowler's solution.....ʒ j
Tr. belladonna.....ʒ ij
M.

I think Dr. P. H. Adams' suggestion a good one, but it would not have saved this blunder; for both symbols are displaced, the ʒ being where the ʒ should be, and the ʒ being where the ʒ should have been. What's the matter with laying the mistake to the printer? he is used to catching it.

C. E. COVEY, M. D.

Port Huron, Mich.

A Five Minutes Talk.

Editor MEDICAL WORLD:

I have had the last number just two days, and feel as if I had been having a nice talk over things medical, with a well-posted, practical, country doctor. Would like to say something back to all the contributors, but can't without trespassing too much upon some one else who would like to have a say.

A. R. Garey struck the nail square on the head, when he gave his patient morphine to give her a rest during labor. Morphine will not only allay the teasing, worrying pains of the first stage of labor, but will hasten dilatation. It is cruel not to give morphine in tedious labor. Those of you who have not used it, try it. You will save time and receive the thanks of your patient.

To W. B. Crawford we would like to say, if you can find any ovarian or uterine disease to account for your patients' hysterical paroxysms, cure it, and the patient will get well. In the meantime obtain some common commercial ether and a stiff cone. Try your best to strangle the patient with the fumes. You can't do it; neither can you produce anesthesia. After the second trial the patient had rather see the devil than face the ether—her will power will be restored and she can successfully resist the attacks, and her cure will be near at hand. These patients used to be my especial abomination. Since I have adopted the plan of going for them rough shod, I am always certain of victory. You need not be specially rough in your manners, but use the ether just as if you felt her life and yours depended on it. I have recently used Harlem oil in a case of uric acid diathesis with calculous nephritis. The patient had been treated with the usual antilithics, vegetable diet, etc. Saw Dr. Murchison's article in April number and determined to try it. The result has been satisfactory.

Kinston, N. C. H. O. HYATT.

Digitized by Google

Electro-Therapeutical Department.

Conducted by CARL SEILER, M. D., 1346 Spruce St., Philadelphia. Cases, questions or views upon electricity in medicine are invited.

Instruments for Measuring the Electrical Current.

It is, however, not sufficient to only know the resistance of our circuit; we must also know the electro-motive force of the current in order to gain by means of Ohm's law a correct knowledge of its strength or ampéres. We can do this with the galvanometer by marking the arc over which the needle swings, with lines separated from each other, by such spaces as would be traveled over by the needle if a current of one "volt" were flowing through the instrument. But we must then also protect the needle from external influences, such as the neighborhood of iron or steel and terrestrial magnetism, and above all we must ascertain the space traveled over by the point of the needle, under the influence of one volt of current. A very efficient instrument of this kind is manufactured by Mr. Eaton, of Brooklyn.

It has been stated that the standard of one volt is the electro-motive force produced by the ordinary blue-stone battery, but for obvious reasons a more accurate determination of the volt is necessary to correctly mark a Volt-meter. This is obtained by carefully measuring the result of the electrolytic action of the current, and it has been determined that a current of one volt will decompose in one minute a sufficient quantity of water into hydrogen and oxygen, which yields a cubic centimeter of the mixed gas reduced to a temperature of 0° centigrade, and under a pressure of 760 mm. This electrolytic or chemical action of the current we will consider later more in detail. If we have thus obtained the actual electro-motive force of the current, it is merely a matter of accuracy and mechanical skill to make a good Volt meter. Now let us see whether we can by means of the galvanometer and rheostat and the Volt meter determine also the strength of the current as to its ampére power. Supposing we take our example circuit of 1700 ohms, as we have already measured its resistance, and insert in place of the galvanometer our Volt meter, and find that its needle indicates say 20 volts. According to Ohm's law, which is $c=\frac{V}{R}$, we find that in order to get the ampére strength we must divide 20 by 1700, which would give us $\frac{1}{85}$ ampére. In practice it would, however, be very inconvenient always to go through all these steps of measurement and calculation, and furthermore in medicine we deal usually with currents of low ampére power, except when we use the current for galvano-cautery, and we therefore make use of an instrument called a milliampére meter; which is so constructed that the spaces between the lines on the paper arc indicate a deflection of the needle produced by a current of the strength of $\frac{1}{1000}$ of an ampére, or 1 milliampére, and there are usually 50 divisions or spaces, so that the instrument will indicate a current strength of from 1 milliampére to 50 milliampéres. As will be remembered, the voltage of the battery practically remains the same for each cell, so that when this is once measured we can simply use the number of cells to indicate the total voltage, and as the resistance of the line need not be known, all we have to do is to insert the milliampére meter into the circuit that we may determine the strength of the current. For instance, instead of saying that a current of say 15 cells was used for 10 minutes as a therapeutic agent in a given case, we say that a current of 21 volts (each cell being taken as giving a current of $1\frac{4}{10}$ volt) and 10 milliampéres was used for 10 minutes. The latter mode of expressing the strength of the current is the more correct because it enables any one to use just such a current of just such a strength, while the former mode of expression is too indefinite; as no one knows what electro-motive force or volts each cell gives, nor how many milliampéres with the resistance of the circuit.

A Few Hints Regarding the Handling and Keeping of Batteries.

Editor MEDICAL WORLD:

For the benefit of those of my professional brethren who live in rural districts, where repair-shops for electrical apparatus are scarce, or not to be found at all—I append here a few hints regarding the handling and keeping of batteries, which if followed strictly, will save them much disappointment, vexation, and unnecessary expense.

1. Before you undertake to handle batteries as a curative agent, make yourself familiar with the fundamental laws of electro-physics (electricity, magnetism); this will prepare you not only to understand more readily the construction and the various makes of electro-magnetic and galvanic batteries, but furnish you means of detecting faults in their working parts, such as you would never find out if not fully posted on this matter. A corroded contact, a broken wire, an incrusted carbon-plate, an exhausted solution, may cause many practitioners to condemn a battery which, with ordinary care and a little knowledge of its peculiar construction, would have worked for a long time satisfactorily.

2. Having become familiar with the general principles, study carefully your own battery or batteries so that you know all the various parts;

Digitized by Google

this will enable you to detect the source of a defect in a short time, and place you in a position to remedy it.

3. To reduce the expense which may arise from repairs, you will do well to keep on hand a few tools, such as a small wrench, pliers, nippers, screw-drivers, a few files, emery-paper; besides a small supply of wires, carbon and zinc plates, reserve-screws and couplings—together with a stock of battery solution, which only needs diluting, amalgamating fluid, paraffine, etc.

In an emergency you will thus be enabled to do your own repairing, which, besides the loss of time by sending your apparatus away, will save you many a dollar.

4. Whenever your battery don't work satisfactorily, seek *systematically* for the fault. First, examine the solution, then the plates; zincs may need re-amalgamating, carbons may have become polarized by incrustation; then examine the couplings between the carbons and zincs; they may be corroded and need brightening up. In Faradic batteries examine the tension of the vibrating armature, which needs occasionally regulating in proportion to the strength of the element. If the current don't flow evenly, or produces "shocks," this may be due either to un-uniform action of the battery-fluid on account of exhaustion, or to impaired conductibility of the wires of the helix or conducting cords (by corroding). It is a general rule to keep all the metal parts bright, use only first-class conducting cords with spun copper wires, and keep them well protected, by proper insulation, from getting damp and consequently corroded.

Allegheny, Pa. A. ZIEGLER.

Synovitis.

Editor MEDICAL WORLD:

In the May number, page 161, the Editor asks for "a better method." I have treated severe cases by Faradisation alone, with immediate relief and speedy cure. My cases had all been under the usual treatment without benefit. A very severe case in Worcester, Mass., had been treated by seven doctors, with seven months' suffering, and was confined to bed, when my treatment began. The lady had been thrown from a buggy by a collision with a locomotive, and fell on both knees on a gravel bank. The mode of treatment adopted was to place the negative electrode (metal covered with wet cloth), under the knee, the positive with a sponge wet in warm water, being moved gently over the parts, ten minutes to each knee, and then covered with hot Indian meal mush in a bag, and flannel over this to secure warmth and moisture. In a few days she was able to make some steps with crutches, and her recovery was rapid.

Try it and report to THE WORLD.

J. F.

Assistance Wanted.

Editor MEDICAL WORLD:

Every number of THE WORLD contains so much practical, condensed, progressive common sense, that I say "thank you" to somebody who sent January number, 1886, from which time I have been a subscriber. *Electro-therapeutics* has been my "hobby" for thirty years. Success remarkable. Theory and practice should be simplified to meet the wants of country practitioners.

On page 156, May number, a case is reported under above heading. The Faradic current will "fill the bill" at once by the plain guide given here. A good smooth current battery, a *disc* of thin sheet brass, size of silver dollar, with hole on the edge to insert small wire hook, to make fast to cord from neg.; when fixed, *cover* disc with cotton goods wet in warm water, and place on *lower lumbar*. Keep it pressed close to body to prevent pricking sensation; grasp pos. by the wood part, between thumb and forefinger of left hand. Wet right hand in warm water and lay on upper part of the bowels of the baby, close but gently; permit the fingers of the left hand to touch the metal part of electrode, until current is felt in right hand gently (never strong); continue fifteen minutes; change location of hand *every two* minutes until the entire bowels have received electricity. Keep the hand moist and be very careful to move it gently during treatment; *treat daily*. I think "Bro. Sawbones" will be agreeably surprised; hope to know.

J. F.

Intestinal Obstruction Relieved by Faradisation.

Editor MEDICAL WORLD:

In return for many valuable hints, I furnish from memory the following case: In the vicinity of Charleston, S. C., year 1860, Mr. T. B. W., age 35, was taken with cramp colic. The ordinary means of relief having failed, Dr. Ed. Smith was called in; the case proving to be very serious, Dr. Thomas Curtis was also called. Severe pains in abdomen, pronounced by Dr. C. a case of impaction. Every usual means and some heroic ones were employed without relief of suffering, and the case lasted more than a week. Hiccough came on, for which creosote was used to the extent of injuring the voice for several months. His attendant physicians and several others who visited as friends gave him up for lost. At this point the writer, who was a near relative, asked to be allowed to try

Digitized by Google

the galvanic battery, as he believed it to be a case of intussusception. Dr. Smith's reply was: "You would be warranted to try anything; the case is desperate." A good battery was procured and applied by Dr. Curtis, laterally to the abdominal walls for about ten minutes, when the patient desired rest. In about half an hour he felt better; in an hour he sat up; by the afternoon we were satisfied that he would get well, and he did; but his health became impaired, carbuncles broke out in several places, and he had to go to the springs to recover his health. I don't know that this case was ever published, and I don't know of another exactly like it that has been relieved by the same means.

Athens, Ga. WILLIAM S. WHALEY, M. D.

Dr. Boyden's letter on eclampsia has excited such universal interest that letters on the subject are pouring in by the score. We looked in at the book stores to see if there were any monographs on eclampsia, and at F. A. Davis' (1217 Filbert Street, Philadelphia) we found one by Dr. Michener. We were so interested that after once opening it we never closed the book until we had read every word. It contains 68 pages, 12 mo., and the price is 75 cents. Send for it, and see what can be done by a country doctor who keeps his eyes open and his "thinker" at work. Then go and do likewise.

"Quiz."

Editor MEDICAL WORLD:

Would very much like to hear from the "Household Brigade," if any of its members ever had proof of a patient retaining in stomach or bowels a living frog, snake or lizard. We read of these things in the popular press, but it seems the proper thing for the profession to laugh at such assertions. I have a patient now who, in conjunction with her friends, believes a live lizard is in her stomach; and that its effort to get into her mouth causes a convulsion almost daily.

It has troubled her for years, causing convulsions that have resisted all ordinary remedies. The family cistern is known to contain lizards, of which small specimens have been frequently pumped up. An elder sister avers that one day just before the patient had a fit, while standing near her, as her mouth was open, she distinctly saw the dark head of some animal, which receded again. Patient has at times a voracious appetite. I am going to treat her for tapeworm in the first instance, but don't know how to tackle a lizard. DOXEY.

Thorold, Ont.

[An explanation will be in order, as to how an animal which breathes air can live in a stomach where it has none.—ED.]

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Cazeaux's Nipple Ointment.

℞	White wax	oz. 4½
	Oil sweet almonds	oz. 1
	Clarified honey	oz. ½
	Balsam Peru	ʒ 2½

Mix. (*Kilner.*)

Pettit's Eye Salve.

℞	White precipitate	oz. 1½
	Oxide zinc	oz. 2
	Benzoic acid	ʒ j
	Sulphate of morphine	gr. 24
	Oil rosemary	gtt. 10
	Oil olive	oz. 16
	Spermaceti	oz. 6
	White wax	oz. 2

Melt the wax and spermaceti, add the drugs in fine powder, then the oils, remove from the fire and stir until cool. (*Kilner.*)

Hall's Solution of Strychnine.

℞	Strychnine, in crystals	gr. 16
	Alcohol	oz. 7
	Water	oz. 7
	Acetic acid	oz. ½
	Tinct. cardamom. comp.	oz. 1½

Rub the strychnine to a very fine powder and dissolve in the acetic acid, mix the other ingredients and add to the strychnine and acid. Filter. Each fluid-ounce represents one grain of strychnine. (*Kilner.*)

Shiloh's Consumption Cure.

℞	Morphine muriate	gr. 3
	Muriatic acid	♏ 3
	Fl. ext. hyoscyamus	f ʒ 2
	Fl. ext. ginger	
	Fl. ext. wild cherry	
	Diluted alcohol	āā f ʒ 3
	Chloroform	f ʒ 1
	Ess. peppermint	f ʒ ½
	Syrup of tar	f ʒ 3
	Syrup, q. s. ad	f ʒ viij

(*New Idea.*)

Warner's Safe Kidney Cure.

℞	Powdered saltpetre	gr. 320
	Liverwort	oz. 1
	Water, q. s.	
	Alcohol	oz. 2
	Glycerine	ʒ 1½
	Ess. winter green	gtt. 40

Infuse the liverwort with a pint of hot water for two hours; strain and filter. Dissolve the nitre in this liquid; when cold, add the other ingredients, and water to make up to one pint. (*The Druggist.*)

Beef, Wine and Iron.

℞	Extract of beef	oz. 1
	Citrate of iron and ammonia	oz. ½
	Orange flower water	oz. 2
	Sherry	oz. 14

Mix the beef and wine, and stir well. Dissolve the iron in an ounce of hot water, and add the other ingredients. (*Kilner.*)

Digitized by Google

Works on Rectal Diseases.

Editor MEDICAL WORLD:

What work on "Treatment of Diseases of the Rectum" do you regard among the best, and from whom can I obtain it?

Cadmus, Kan. WILBUR F. DALLAS, M.D.

[Kelsey is the best American, Allingham the best English work. Write to P. Blakiston, Son & Co., 1012 Walnut St., Philadelphia.]

Works on the Eye.

Editor MEDICAL WORLD:

I desire to purchase a condensed, short, practical work on diseases and operations upon the eye. I do not desire an elaborate work as Wells', since I make no specialty of that branch. Would either of the following works fulfil the above, viz.: "Diseases and Injuries of the Eye, their Medical and Surgical Treatment," by Lawson, and "A Guide to the Study of the Diseases of the Eye, their Medical and Operative Treatment," etc., by Dixon, both English authors?

Rara Avis, Miss. S. G. SEVIER, M. D.

[Standard works on surgery give the eye considerable attention.—ED.]

Editor MEDICAL WORLD:

What is Carbonate of Titanium? What is its therapeutical action?

Neoga, Ill. G. FRANCIS DOUGHERTY., M.D.

[Carbonate of Titanium is a chemical impossibility.—ED.]

A subscriber asks for a concise manual of eye surgery.

We have not been able to find anything better than Schell's Manual of Ophthalmic Practice, $2.00.

The work another subscriber asks for is Playfair on Nerve Prostration and Hysteria. $1.00.

Editor MEDICAL WORLD:

In a practice of forty years, I have taken many medical journals, and specimen copies of many more have been sent, yet I have never seen one that met all the requirements, at least mine, except yours.

Negrofoot, Va. A. N. BRACKETT, M.D.

I like THE MEDICAL WORLD much; I never miss an item; even the advertisements have attraction and interest here, that they do not possess in any other journal that I have met. I would like those, who presume to prescribe for a given disease, to state dose given and how often, to bring about the favorable result claimed in the given case. Also state your opinion as to how the drug acts upon the disease to change the existing pathological condition. I would like to see more pathology and less theory. More about skin diseases and urinary diseases, and less of fornication and determination of sex. A. H. F.

Fagge's Practice.

Editor MEDICAL WORLD:

What is your opinion of Fagge's Practice? Would you advise a country doctor, whose dollars are hard earned and scarce at that, to buy this book? SUBSCRIBER.

[No! The book is greatly overrated, and not suited to the wants of an American practitioner. We would modestly suggest that our Manual of Treatment is what you need.
—W. F. W.]

Query.

Editor MEDICAL WORLD:

The professional brotherhood seems to have almost exclusive control of the columns of your excellent journal; but will you allow one of the laity to voice an oft-repeated complaint of the dear patients, in the form of a query? Why is it that most physicians in prescribing order about *double* the quantity of medicine used by the patient? Either it becomes necessary to change the ingredients because of the varying symptoms, or convalescence renders it useless. The ingredients would be fresher if more frequently compounded, and if fluids, will not lose their strength by evaporation, while a considerable item of expense would be spared the family at a trying period in their history. One might almost imagine some collusion between druggist and physician, to witness the *enormous* number of *enormously* large pills ordered—as we beheld them in a sick chamber a few days since. LAYMAN.

[Our rule is to order just enough medicine to last until our next visit. Then we avoid the difficulty mentioned above, and can alter our prescription without seeming to vacillate—a bad thing for both doctor and patient.—ED.]

Compound Syrup of White Pine.

℞	Tinct. white pine	f ʒ 2
	Fl. ext. ipecac	f ʒ ½
	Carb. magnesia	ʒ 4
	Chloroform	f ʒ 1
	Morphine sulph	gr. 8
	Water	f ʒ 7
	Sugar	ʒ 14

Rub one ounce of sugar with the magnesia in a mortar, triturate the ipecac and white pine, gradually add the water, constantly triturating, filter, and add the morphine. Mix the chloroform and the sugar in a bottle, pour in the filtrate, and dissolve by shaking.

The tincture of white pine is made by dissolving two ounces of white gum turpentine in fourteen ounces of alcohol, by gentle heat.

You can count on me as a life subscriber to THE MEDICAL WORLD.

Hutchinson, Kas. A. L. HUNT, M.D.

Digitized by Google

Athlophorus.

℞ Sulphate of morphine.....gr. ij
Fl. ext. colchicum seed.....
Fl. ext. guaiac resin.....āā f ʒ j
Potassium acetate.....
Potassium salicylate.....āā ʒ j
Diluted alcohol.....f ʒ ss
Syrup of squill, q. s. to make.....f ʒ vj
Mix with gentle heat.

Formulas are requested for the following: Armistead's Ague Tonic; Oriental Balm; Katonka, Indian Kidney Cure; Blair's Gout Pills; Dean's Rheumatism Pills; Wing's Anti-Fat remedies.

Orange Blossom.

See March WORLD, page 101.

Migraine.

Editor MEDICAL WORLD:

What are Lembert's Sutures? Ask Dr. McCann, of Benton, Miss., to try salicylic acid faithfully and properly in his case of trigemini, and he will find a cure.

Glenwood, Ind. JAS. P. ORR, M. D.

Editor MEDICAL WORLD:

Please publish in THE WORLD, a process for making powdered beef. MEDIC.

[Prepare beef-tea in a bottle in the usual way. Pour off the beef-tea; continue the heat until the beef is perfectly dry, then beat in a mortar until the muscular fibre is separated in the form of powder from the connective tissue. Remove the connective tissue shreds by passing through a sieve.—ED.]

Johnson's Medical Botany.

Editor MEDICAL WORLD:

In MEDICAL WORLD, Oct. 1886, page 342, at the close of an article upon lycopus in dysentery, the editor states the properties of lycopus as given in "Johnson's Medical Botany." Consequently, I suppose, the editor of WORLD could inform me where I could obtain a copy of same.

Am I pleased with THE MEDICAL WORLD? I think it a perfect gem in the way of medical literature. Could not keep house without it.

Appleton City, Mo. H. H. TAYLOR, M. D.

[The above work is in Wood's Library for 1884. It may be obtained from any of the second-hand medical book stores.]

Editor MEDICAL WORLD:

What is the medical name for Salt Rheum?

IGNORAMUS.

[This term is applied to inveterate cases of psoriasis and chronic eczema.—ED.]

Bunions.

Editor MEDICAL WORLD:

I wish to ask you and the readers of your valuable journal, to give me information as to reducing an enlarged and inflamed toe joint, or bunion of the great toe. Is there nothing that will remove the bony enlargement, so deforming and painful? A. S. JECKLES.

[If anchylosis have taken place, the chiropodists give the case up. If not, they have a shoe made to suit the affected foot, and apply a splint to straighten the member. If the bunion be actually inflamed, it will usually be found that a corn has developed upon it, which must be removed. Then a bit of arnica plaster and removal of pressure will give relief.—ED.]

Editor MEDICAL WORLD:

Can you furnish me some formulas for combining drugs so as to make colored fires?

Lockport, Ill. F. M. FOCHT.

[The ingredients for colored fires should always be powdered separately, and mixed carefully with a wooden spatula, to avoid any explosions that are liable to occur from the oxidizable substances always used in such compounds.

RED.

Take of
Sulphur..... 4 troy ozs.
Carbonate of strontium..... 6 troy ozs.
Carbonate of potassium.....15 troy ozs.
Mix.

Take of
Chlorate of potassium.....1 part.
Shellac.....1 part.
Nitrate of potassium.....3 parts.
Mix.

ORANGE RED.

Take of
Sulphur,..... 3½ troy ozs.
Chalk..... 8½ troy ozs.
Chlorate of potassium.....13 troy ozs.
Mix.

ROSE RED.

Take of
Charcoal, willow..... ½ troy oz.
Chlorate of potassium..... 1½ troy ozs.
Sulphur..... 3 troy ozs.
Nitrate of strontium (dry).....10 troy ozs.
Mix.

GREEN.

Take of
Chlorate of potassium..... 2 troy ozs.
Nitrate of barium..... 7 troy ozs.
Sulphur..... 2½ troy ozs.
Mix.

Take of
Chlorate of potassium..... 1 part.
Shellac..... 1 part.
Boric Acid..... 3 parts.
Mix.

—*Nat'l Druggist.*]

Digitized by Google

Elixir of Pepsin, Damiana, Phosphorus and Nux Vomica.

This is by no means an ordinary elixir, but is much more sensible from a pharmaceutical view than some of the more popular elixirs of pepsin, etc. Hemm recommends the following formula:

Take of

Pepsin, Jensen's crystallised	grs. 128
Fl. ex. damiana	fl ℥ 2
Phosphorus, (transparent pieces)	grs. 1 ¼
Tinct. nux vomica	♏ 384
Absolute alcohol	fl ℥ 1½
Glycerin	fl ℥ 2
Hydrochloric acid	♏ 30
Syrup	fl ℥ 6
Comp. elixir taraxacum	fl ℥ 1
Elixir orange, q. s. to make	fl ℥ 16

Mix the glycerin, syrup, taraxacum, hydrochloric acid, and elixir orange. Add the pepsin to this mixture and agitate until dissolved. Then add the damiana and nux vomica. Put the alcohol in a glass flask and add the phosphorus, warm gently in a water-bath and add from time to time small quantities of alcohol to keep up about the right measure, and continue this process until perfect solution of the phosphorus is effected. Let it cool and add to the other mixture, adding enough elixir orange to make the whole measure 1 pint. Filter through a well-wetted filter.

Each fluidram represents about 1-100 grain of phosphorus, 1 grain of pepsin, 7½ grains of damiana, and 3 minims of tincture nux vomica. The proportions can be varied if so desired.

—*Nat. Druggist.*

Editor MEDICAL WORLD:

Do you or any reader of THE WORLD know of an authentic case of impregnation of human female by a dog? Have heard several times that such has been the case, and would like to know whether it is possible.

Wellington, Kan. ONE OF THE FAMILY.

[Never knew of a case. Don't believe it ever occurred.—ED.]

Prickly Heat.

Editor MEDICAL WORLD:

An elderly lady friend in Florida is most severely afflicted in the summer months, with what she calls "Prickly Heat."

All ordinary remedies give but a partial relief. If you or any brother will afford a remedy it will be a decided comfort to the patient, and greatly oblige me, one of your constant and greatly edified subscribers.

Pontiac, Mich. JOHN P. WILSON.

[Some months since we quoted from an exchange a recommendation of sulphate of copper, ten grains to the ounce of water, used locally. We have found salicylate of soda useful, if the patient avoid the free use of fluids, and of heating food.—ED.]

To Make Fluid Extracts.

Editor MEDICAL WORLD:

Please give the name of the best work on the manufacture of fluid extracts, with apparatus, for a physician's use. I think it would not hurt any of us who have the time, to manufacture our own fluid extracts.

Perry, Mich. H. W. COBB, M. D.

[You can't do better than get the U. S. Pharmacopeia.—ED.]

Queries.

Editor MEDICAL WORLD:

THE WORLD is "chock full" of good things, and all to the point. Here are two or three conundrums. What is the meaning of "dyspareunia," also "dicrotictumutuous?" Please tell us where they are found. They are a couple of simple (?) words used by a couple of writers in a couple of prominent (perhaps I should say eminent) medical journals of recent issue. I suppose, from the length and unintelligibility of the words, that said writers must likewise be eminent. Will you also tell us what "per cent." means when used to describe a compound of a solid and liquid, *e. g.*, four per cent. sol. of cocaine? *i. e.*, how many grains of the solid or crystal cocaine are put with an ounce of water? I don't find a druggist who knows, nor do I, nor can I understand why the same terms are not used in naming the above solution as are used in naming solutions of nitrate of silver, sugar of lead, etc., *i. e.*, grains solution, whatever the number of grains may be, mixed with an ounce of water. And will some one tell how weak solution of cocaine can be used hypodermically for minor operations, such as removal of small tumors, moles and the like?

Bellows Falls, Vt. F. WHITMAN, M. D.

[Dyspareunia,—painful pairing, is a term applied to cases where sexual intercourse causes so much pain to the woman as to call for treatment.

The second word looks like a printer's mistake; or perhaps we have not correctly made out our correspondent's writing.

Per centum means per hundred; that is, a hundred parts are under consideration; thus, a four per cent. aqueous solution of cocaine is four parts cocaine and the remainder of one hundred parts water. Parts are measured by weight unless otherwise directed.

An ounce of five per cent. solution of cocaine would contain 24 grains of the salt.

It is best to use a two to four per cent. solution of cocaine (10 to 20 grains to the ounce) for hypodermic injection; but in many cases it is best to apply a ten per cent. (48 grs. to the ounce) solution, by painting, instead.—ED.]

Digitized by Google

For Baldness.

Editor MEDICAL WORLD:

Will you please inform me through the querist column of THE WORLD, whether or not there is any known medicine or preparation that will actually restore falling hair, and prevent its further falling out in a young person who has had a full suit of hair, and from some unknown cause it begins to rapidly fall out?

[The following has proved very useful:

℞ Quininæ sulphat.....3 j
Ol. cajuputi,.....f3 ss
Ol. rosmarini,.....f3 j
Sp. ammon. arom.,.....f℥ ss
Sp. myrciæ, ad.....f3 viij
M. S.—Apply to scalp every other day.

In the case of men, we would suggest that the hair be cut close, or the scalp shaved, and an ointment of thymol, ten to thirty grains to the ounce of lanoline, well rubbed into the scalp. —W. F. W.]

FORMULAS.

A Good Wash for the Mouth and Teeth.

℞ Thymol,.....gr. ijss
Alcohol,.....gtt. xxv
Glycerini,.....m̃ l
Aquæ,.....f℥ v
M. Use with brush.

A Good Cholagogue Pill.

℞ Podophyllin,.....gr. v
Leptandrin,.....
Caulophyllin,.....āā gr. viij
Ipecacuanhæ,.....gr. ij
M. ft. pil. no. viij. Dose, 1 to 2 pills. (*Youart.*)

For Summer Diarrhea.

℞ Tinct. opii deodorat.,.....gtt. vj
Tinct. catechu,.....f3 jss
Syr. rubi villosi,.....
Syr. rhei aromat.,.....āā f3 ij ss
Aq. camphoræ,.....f℥ j
M. S—A teaspoonful every hour or two, for a child under one year. (*A. S. Gerhard.*)

For Vomiting of Cholera Infantum.

℞ Bismuth subnit.....gr. x
Mucil. acaciæ,.....f3 ss
Acid. carbolici,.....gr. ½
Tinct. opii deodorat.,.....gtt. j
Mist. cretæ,.....f3 jss
M. S.—To be given every two hours, for a child one to two years old. (*Hughes.*)

For Summer Complaint.

℞ Argenti nitrat.,.....gr. j
Bismuth. subnit.,.....3 j
Mucil. acaciæ,.....
Aquæ,.....āā f℥ ss
M. S.—For one injection. (*Smith.*)

Skinner's Dandruff Mixture.

℞ Chloral hydrate,.....parts 1.
Glycerin,..... " 4
Bay rum,..... " 16
M —*National Druggist.*

Lallemand's Specific.

℞ Quininæ sulphatis,.....3 1
Cinchonæ sulphatis,.....3 1
Extracti colocynthi,..... ½
Vini seminis colchici,..... 8
Tincturæ veratri viridis,..... 1
Alcohol diluti..... 8
Sherry wine, q. s. ad.....f3 3i
M. Dose, one teaspoonful. —*National Druggist.*

Dr. Pope's Cure for Neuralgia.

℞ Iodide of potassium,.....3 4
Extract of conium,.....3 1
Compound tincture of cinchona,..f℥ 2
Syrup of sarsaparilla.....f3 4
M. Dose, teaspoonful three time a day.
—*National Druggist.*

For Vaginitis.

℞ Acidi borici,.....℥ ijss
Glycerini (neutral),.....3 xxx
M. S.—Three or four dessert spoonfuls of this mixture in a quart of water, to be used as a vaginal injection twice a day, or left in the vagina upon a cotton tampon. (*Cheron.*)

For Syphilitic Ulcers.

℞ Acidi pyrogallici,.....3 v
Amyli pulv.,.....3 v
Vaselinæ,.....℥ ij
M. S.—Apply once daily. (*Le Courrier Med.*)

For Nephritic Colic.

℞ Chloroformi,.....f3 iv
Ext. hyoscyami,.....f3 iv
Tinct. opii,.....m̃ lxxv
Ol. anthemidis,.....f℥ v
M. S.—For a liniment. To be applied over the whole abdomen. (*Reliquet.*)

For Cystitis.

1. Take twice a day an enema of luke-warm water.

2. One hour after the enema, introduce into the rectum the following suppository:

℞ Iodoformi,.....gr. jss
Ext. hyoscyami,.....gr. j
Ol. theobromæ,.....gr. xlv
M.

3. If there be a urethral discharge, take a terpine pill, gr. jss, night and morning. (*Reliquet.*)

For Leucorrhea.

℞ Potassæ chlorat.,.....3 iij
Tinct. opii,.....f3 ijss
Aq. picis,.....f℥ viij
M. S.—Two or three dessert-spoonfuls for each quart of hot water. To be used as an injection, night and morning, for fetid leucorrheal discharges. (*Cheron.*)

Digitized by Google

REVIEWS.

ANEMIA. By F. P. Henry, M. D. Published by P. Blakiston, Son & Co., Phila. 136 pages, price 75 c.

This monograph is not a comprehensive treatise on the subject, but rather a record of its author's personal views. As such it merits the attention which is always due to original investigation by a competent hand.

The chapter on chlorosis is the least satisfactory. The only theory as to causation which appears to have impressed itself on the mind of the author, is the rather nebulous one of the "awakening of a dormant morbid tendency." The more obvious and intelligible theory, that the blood-making organs are incapable of fulfilling the increased task imposed upon them by the establishment of the catamenia, does not appear to have occurred to the writer.

The records of microscopic observations are deserving of more credit.

NINETEENTH CENTURY SENSE. By John Darby (Prof. James E. Garretson, M. D.) J. B. Lippincott & Co., Phila.

A most wonderful book, by a Prince of authors. That it is well for the physician to have a side-study for recreation, a shallow shore, along which he can play with the pebbles and shells, when he wishes to rest from the deep current of duty, Prof. Garretson has well demonstrated in his charming philosophical studies. Should any of our readers wish to join him in this manly exercise in mental gymnastics, this wrestling with interesting problems, it would certainly prove pleasant and strengthening.

This book treats of one of the most interesting of modern problems, especially the possibility of mortals holding communication with disembodied spirits. Its appearance simultaneously with the report of the celebrated Seybert commission on that subject, makes it all the more interesting and profitable to read.

THE VEST POCKET ANATOMIST. By C. Henri Leonard, A. M., M. D., 13th Revised Edition, Enlarged; Detroit: The Illustrated Medical Journal Co., 1887, cloth, *86 illustrations*, 154 pages, post-paid, 75 cents.

This little volume in its former editions is so well-known that it is only necessary to confine our notice to this, the *thirteenth* edition, which contains very clear and accurate topographical plates of the Venous, Arterial and Nervous systems, photo-engraved from the English cuts in Gray's Anatomy. This makes the work especially of value to accompany the surgical case of any practitioner who is doing much work in this line, who may wish at his hand a "regional reminder" of the placement of arteries and veins that he may wish to avoid in making his incisions.

My Dear World:—I cannot do without you for another year, so inclose one dollar that I may enjoy scanning your pages for another 12 months. So speed away to your humble servant, at Snyder, Ashley County, Ark., and be assured you will meet with a hearty welcome. R. A. BETHUNE, M.D.

Would like to add my testimony to the merits of THE MEDICAL WORLD, only all the euphemisms of the language are already exhausted by other correspondents.

Antigonishe, N. S. W. H. MACDONALD.

Editor MEDICAL WORLD:

Although I am not of your belief, speaking from a medical standpoint, yet I find your publication one of the most welcome journals on my table. It is as fascinating as it is instructive.

Leetonia, Ohio. R. T. MARKS.

Manual of Treatment

We have read this work with more than usual interest, since our earliest aspirations were to produce a book of this kind. The work follows alphabetically the nomenclature of diseases, leaving their pathology and etiology to the leisure research of the physician, and confining itself exclusively to the the results of practice pursued by the best teachers and practitioners in the world.

The physician in active practice having this book in hand, has no need to wade through whole volumes of medical lore to acquire the results of the labors of others in any given disease; or the knowledge necessary to enable him to prescribe understandingly; but at a glance knows what has been prescribed with the most immediate effect, having the authority of the most reputable and experienced authors in any particular branch. It is an epitome of the last twenty years' experience of the remedies most effectual in the treatment of every form of disease.

The article on Phthisis occupies a large space in the book, but when we consider the disease, and the vast number of remedies employed in its treatment during the last fifty years, we are not surprised that it should require forty or even four hundred pages to give even an abstract of the whole. That the work will commend itself to any physician is absolutely certain. It is, undoubtedly, the best, (as it is the latest,) work of the kind extant, since it is a result of the experience and study of the best practitioners of our age in the therapeutics of disease.

We recommend it to our readers, in the firm belief that it will fill for them many a leisure moment which could be no more profitably employed, or afford them more rational satisfaction.—*Pacific Record of Med. and Surg.*

A manual of 532 pages, running the gamut of all the ills flesh is heir to, from Acne to Yellow Fever. The chief object claimed by Drs. Taylor and Waugh is to save on the part of the practitioner, the time, labor and expense necessary to make the extensive researches, the results of which are here given.

Cloth binding, good heavy paper and a beautiful clear large type. Diseases are arranged alphabetically and there is no index.

"Headache" is given 15 pages and 77 formulæ. "Phthisis" 41 pages, closing thus:

"One has but to open his eyes to see the evidence of the communicability of phthisis; and the propriety of compelling consumptives to sleep alone and to destroy every particle of their sputa can not be questioned."

"Scrofula" is recognized as a disease; 5 pages on its treatment. The article on "Syphilis," 10 pages, covers the ground; it is concise and up to date.

The authors stick closely to their idea—that of treatment, and have not loaded up with theory or diagnosis. A strong good sense pervades most of the articles. The style is terse and sententious.—*Indiana Medical Jour.*

Editor MEDICAL WORLD:

Am well pleased with the Skin Chart. Enclosed find $1. Send the blessed WORLD one year to George Webster, Jasper Co., Mo., and for the fifty cents on Chart you may send me a binder. Your "Manual of Treatment" is a necessity to the busy physician. I have shown it to several brother physicians, and have been asked whether it would be furnished to the profession at the same price as to subscribers of THE WORLD. May number of WORLD at hand, and really, I believe, (if it were possible) that each number is just a little better than the preceding one, and every one pure gold.

In reference to the Levis' Splints, I can say from experience with them that they are as represented.

H. H. TAYLOR, M. D.

Digitized by Google

SPECIAL NOTICES.

Note what is said of Nestle's Food on page xvi, advertisements.

It is hard to overestimate the value of Lactopeptine in the summer diseases of children.

Willis H. Davis, Keokuk, Iowa, is a good man to go to for a satchel-case. Try him.

For a gentle laxative, suitable to the season, we can recommend S. & B.'s Buckthorn Cordial.

In all your correspondence with advertisers, mention THE WORLD, and give your opinion of it.

Turn to advertisement page vi, and see what is said about The Hastings' trusses and supporters.

Don't forget that Keith's Tinct. Avena is one of the recent recommendations in summer complaint.

Otto Flemming sold us a battery in 1875, which has been in use ever since, and is still as good as the day we bought it.

We have given Wells & Richardson's Lactated Food a trial as a summer food for infants, and it has become one of our stand-bys.

If you wish to learn the full effect of that most delicate of tonics, erythroxyline, order it by itself, and carefully observe the result.

Is the wonderful popularity of Hayden's Viburnum due to the universal need for a first class uterine tonic? It looks as if that were the case.

The Cherry Malt Phosphites form an exceedingly pleasant and invigorating beverage for hot weather. One gets to look upon it as a necessity.

Liebig's Liquid Food has the great virtue of keeping perfectly sweet in the hottest weather. It certainly acts with great rapidity in restoring the strength.

A very good formula is that for Horsford's Acid Phosphate and wine of pepsin. (See adv. page xvi.)
It has proved very efficacious in our hands.

How much of what we call consumption is, strictly speaking, Catarrh. That is why we think Morse's idea of combining hydrastis with hypo-phosphites is so apt.

We desire to call attention to the preparations advertised by the Liebig Co., on page ix.
We have used their coca wine and found it of the best quality.

Emerson's Albumenoid Food should be very useful in cases of summer-complaint, where the bowels bear the brunt of the attack, and the stomach is comparatively quiet.

The early days of summer are those which most require the use of tonics, to prepare for the sultry season. For this purpose Colden's Liquid Beef Tonic seems especially suited.

If phenic or carbolic acid is used hypodermically in consumption, the drug *must* be pure.
Send to The Declat Manufacturing Co., for a sample, and book of directions.

Many a dyspeptic turns with aversion from the starchy food she ought to eat, but don't, because she can't digest it. If she only knew the virtues that reside in Hoff's Malt Extract, she would send to Tarrant for a case at once. But you are the man whose duty it is to know these things and tell her.

When the sultry sun of July sends the blood too rapidly through the cranial arteries, a dose or two of Peacock's Bromides lessens the cerebral hyperemia, and perhaps saves a sunstroke.

Among the valuable remedies for local application to mucous surfaces, we predict that Geddes Fluid Extract of Hemlock Bark will take a high position. See their advertisement on page xv.

Now that it is too warm for cod-liver oil, you must substitute McArthur's Syrup. But be sure to order it to be taken in water, for the syrup is so rich that some people think it is oil, if not diluted.

Wm. R. Warner & Co. endeavor to meet the popular demand for anticeptics for internal use, by several new pill formulas. Send for them, as well as for prescription blanks, samples, etc.

Our fears concerning anti-febrine staining the skin permanently have proved groundless; and the drug deserves a trial. It is cheaper than anti-pyrine. Send to Lutz & Movius for a circular.

Sometimes a patient gets run down, so that an ordinary tonic seems to have no power to elevate him. In such a case give Fellows' Syrup, and see how quickly that powerful roborant restores the strength.

Don't forget the use of White Pinus Canadensis for burns. As these painful accidents always come unexpectedly, better get a bottle of the remedy and have it handy. Rio Chemical Co., St. Louis. Tell them we sent you.

We know of no saline water in America which resembles the famous Carlsbad water as nearly as the Natrolithic. For all cases of abdominal plethora it should be a specific. Send to Thurber, Whyland & Co., and try it.

To its high place as a digestive agent, Jensen's Pepsin adds the virtues of a solvent of diphtheritic deposits and of lipomatous tumors. If you want to use pepsin in cholera-infantum, don't waste time in experiments, but order Jensen's at once; and allow no substitution.

THE NEW METHOD OF TREATING CONSUMPTION BY GASEOUS ENEMATA.

The numerous friends who have been sending to us for information on this subject can obtain it in the form of a pamphlet by sending to J. W. Queen & Co., Phila. Price 25 cents.

An old and reliable friend, Snowden, who is always among the first to study our wants, has brought out the new apparatus for gaseous enemata (Bergeon's method) for six dollars, complete, with case. We are using it in a case of suppurating cervical glands (scrofula), and the improvement in the man is marvelous.

You will find in our advertising pages all the articles mentioned in the specials. Read them over carefully. They constitute one of the most important departments of this journal; for you there learn where to obtain the new agents which are constantly being introduced. It does not pay to advertise things which do not promise to be of permanent value.

Dr. W. L. Johnson, of Uxbridge, Mass., reports excellent results from the use of Griffith's Compound Mixture of Guaiac and Stillingia. Try it in your old rheumatic cases. See advertisement and write for further particulars. Also write for a free sample of their compound iodoform, for dressing wounds—almost odorless. Always mention THE WORLD.

(Continued on page xviii.)

Digitized by Google

The attention of Physician's is respectfully called to the following reliable formulæ:

WARNER & CO.'S

PIL: ANTISEPTIC.

Each Pill contains
Sulphite Soda, 1 gr. Salicylic Acid, 1 gr.
Ext. Nuc. Vomica, ¼ gr.
DOSE.—1 to 3 Pills.

Pil: Antiseptic is prescribed with great advantage in cases of Dyspepsia attended with acid stomach and enfeebled digestion following excessive indulgence in eating or drinking. It is also useful in Rheumatism.

WARNER & CO.'S

PIL: ANTISEPTIC COMP.

Each Pill contains
Sulphite Soda, 1 gr. Salicylic Acid, 1 gr.
Ext. Nuc. Vomica, ⅛ gr. Powd. Capsicum, $\frac{1}{10}$ gr.
Conc't Pepsin, 1 gr.
DOSE.—1 to 3 Pills.

Pil: Antiseptic Comp. are prescribed with great advantage in cases of Dyspepsia, Indigestion and malassimilation of food.

PHOS: DAMIANA
and
NUX VOMICA.
WARNER & CO.

Phosphorus, $\frac{1}{100}$ gr. Ext. Damiana, 2 gr.
Ext. Nux Vomica, ⅛ gr.

Physicians will find the above combination of great value in functional disorders and general prostration. The pill combines the stimulating and tonic effects of Phosphorous in an extreme state of sub-division with Ext. of Nux Vomica and true Ext. of Damiana (Trunera Aphrodisiaca.)

WARNER & CO.'S

PIL: CHALYBEATE.

3 grains.
DOSE.—1 to 4 Pills.

COMPOSITION:

Ferri Sulph. $Fe_2 SO_4$) = Ferri Carb. $Fe CO_3$
Potass. Carb. $K_2 CO_3$) = Potass. Sulph. $K_2 SO_4$

The above combination which we have successfully and scientifically put in pill form produces when taken into the stomach, Carbonate of the Protoxide of Iron Ferrous Carbonate, in a quickly assimilable condition.

This Pill contributed to make the reputation of Niemeyer, and the following language, which speaks without comment, is taken from his TEXT BOOK ON THE PRACTICE OF MEDICINE.

PROF. NIEMEYER says: "For more than twenty years I have used these pills almost exclusively in Chlorosis, and have witnessed such brilliant results from them in a large number of cases that I have never needed any opportunity to experiment with other articles. At Madgeburg and Griefswald I often had to send my recipe for the pills to a great distance my good fortune in the treatment of Chlorosis—to which, by-the-by, I owe the rapid growth of my practice—having given me great repute as the possessor of a sovereign remedy against that disease."

The dose of Pil: Chalybeate is from 1 to 4 at meal times and is recommended and successfully used in the treatment of Pulmonary Phthisis or Consumption, Anæmia and Chlorosis, Caries and Scrofulous Alscesses, Chronic Discharges, Dyspepsia, Loss of Appetite, etc.

When a more tonic effect is desired the above Pill can be had with 1-6 grain of Nux Vomica added under the name of Pil: Chalybeate Comp., Warner & Co.

☞ *The physician may see that he is obtaining exactly what he prescribes, by ordering in bottles containtng 100 each.*

CAUTION.—Specify WARNER & Co., and see to the special marks and autograph on wrapper. The coating is very soluble, and is colored a delicate pink.

Pills can be safely sent by mail—discount for quantities.

PREPARED BY

4-1-'87. **WM. R. WARNER & CO.,**

PHILADELPHIA. **NEW YORK.**

SUPPLIED ON PHYSICIANS' PRESCRIPTIONS BY LEADING DRUGGISTS.

Digitized by Google

For Prickly Heat: Use only Althene Skin Soap for this annoying affection, as well as for all other itching diseases of the skin. Many persons suffer from such causes because they do not realize that their skins are too delicate for common soaps.

A New York house is putting into our hands a new remedy for rheumatism. We refer to Salol. Some persons cannot take salicylic acid or its salts; and yet, until now, no other remedy reduced the pain and fever so rapidly. In Salol we have an efficient substitute, and Messrs. Schieffelin & Co., put it into palatable form.

Write to them for formula list.

The wide-awake firm of Seabury & Johnson (Seabury Pharmacal Laboratories) New York, have added to their list of laboratory products a full line of Medicated and Antiseptic Soaps of a high degree of excellence. Conspicuous in this addition are their *one* and *five* per cent. Hydronaphthol Soaps; the former for the toilet, the latter for medicinal and antiseptic purposes. These soaps are prepared from the purest ingredients obtainable, highly scented, entirely neutral, containing no free alkali, acid or impure fat. Dr. C. W. Allen of New York, and other prominent skin specialists recommend these Hydronaphthol Soaps very highly in the treatment of ulcers, eczema, scabies, impetigo, pruritus, pityriasis capitis, alopecia, favus, &c., &c. Aside from the healing powers, these soaps also impart their well-known powerful antiseptic and disinfectant properties to the waters in which they are used; and in this way free basins, bathtubs, cesspools, sinks, &c., &c., from all unpleasant odors and foul gases. Write for further information.

You have had compressed pills, sugar coated pills, and gelatin coated pills. The Upjohn Pill and Granule Co., of Kalamazoo, Mich., now presents pills and granules which are made without any excipient. As soon as the thin film on the outside is dissolved off, the pill crumbles into a powder. The advantages are readily seen. Send for samples, and give your opinion of THE WORLD.

The following is from an article on the Feeding of Infants deprived of the Breast Milk, by J. Lewis Smith, Clinical Professor of Diseases of Children, Bellevue Hospital Medical College:

No physician should recommend a food as he would not a medicine, without knowing its composition; and the composition of most of the recent dietetic preparations, ending with Carnrick's, has been announced. Carnrick's food contains a large percentage of the solid constituents of milk, the casein of which has been partially digested so as to resemble the casein of human milk in its behavior under the digestive ferment. The other ingredient is stated to be wheat flour subjected to prolonged baking, so that its starch is to a considerable extent converted into dextrine. This food has the advantage of easy preparation in the nursery, and easy digestion. Used alone it is sufficiently nutritious for the infant. It will probably supersede some of the older foods of the shops. Those who cannot afford to use it as the sole food, will, according to my observations, find it useful made into a thin gruel, and employed in diluting the cow's milk with which these infants are fed.

The best *Coca Wine* (Erythroxylon) that has been offered to the *Medical Profession.*

STIGER'S
PHOSPHATED COCA-MALTA.

℞: Diastased Extract of Malt, - - - 1 dr.
Hypophosphite of Lime, - - - 2½ grs.
Hypophosphite of Soda, - - - 2½ grs.
Wine of Coca (Erythraxylon) fresh leaves 1 oz.

Therapeutic Properties;—Tonic, Nutritive, Reconstructive Nervine.

Many leading Physicians of the country *report* very favorable *results* from the use of PHOSPHATED COCA-MALTA in cases of Mal-nutrition, Neurasthenia, Anæmia, Hysteria, incurable Cancers, Chronic Alcoholism, Convalescence from Typhoid and other fevers.

M. BIGNON, Professor in the Lima (Peru) School of Pharmacy, says:—"*The employment of Coca by the Indians has been badly observed. The Indians never chews Coca alone.—he mixes it with the ashes obtained from burnt oyster-shells or other phosphate substances, which isolates the Cocaine. Coca leaves used alone are neither nutritious nor tonic.*"

Acting on the above principle—our preparation PHOSPHATED COCA-MALTA combines the hypophosphites of lime and soda with Coca in about the same proportion as they are found in the aboriginal mixture of Coca and ashes. The value of the addition of diastased malt to the other ingredients will be readily appreciated by the intelligent physician, we having brought the digestive principle to its highest state of activity, so that it exerts its solvent effects most promptly on any starchy substances it may come in contact with in the stomach.

Physicians desiring to test PHOSPHATED COCA-MALTA will be furnished a regular size (pint) bottle, without expense, except *express* charges. For Circulars and Samples, address, mentioning The Medical World.

MUTUAL CHEMICAL CO., 58 Barclay Street, New York.

"ALTHENE SKIN SOAP,"

Is an absolutely pure, non-irritating toilet soap, made with the greatest care, from the finest materials. It contains no free alkali, no impure fat-acids, or adulterants of any kind. For washing infants, for use by persons having tender, sensitive skins, or in the sick room when a perfectly neutral soap is indicated it is unequaled.

"I have made a chemical analysis of 'Althene Skin Soap' and find the same to be an absolutely pure, correctly made soap, containing no impure fat-acids, no excess of alkali, and no irritating mineral or organic substances. The process of manufacture is so conducted as to produce a perfectly neutral soap, eminently fitted for all toilet purposes." HENRY LEFFMANN, M. D.
Professor of Chemistry in the Penna. College of Dental Surgery and the Wagner Free Institute of Science, and Food Inspector and Hygienist to the Penna. State Board of Agriculture.

"I have found 'Althene Skin Soap' to be perfectly bland and non-irritating. Physicians will find it excellent for the tender skin of infants and delicate ladies, for cleansing in all skin diseases, and for general toilet purposes." G. F. TAYLOR, M. D.,
Publisher of "THE MEDICAL WORLD."

The price of "Althene Skin Soap" is Twenty-five cents a cake, or sixty-five cents for a box of three cakes. Sent, postpaid, to any address upon receipt of price by

J. W. CAMPION & CO., 916 Filbert Street, Philadelphia.

Digitized by Google

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.
These rates must be paid *invariably in advance.*

Notice is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

☞ Pay no money to agents for this journal unless publisher's receipt is given.

C. F. TAYLOR, M. D.,
LOUIS LEWIS, M. D., M. R. C. S., (Eng.) } EDITORS.
J. J. TAYLOR, M. D.,

ADDRESS ALL COMMUNICATIONS TO
"THE MEDICAL WORLD,"
1320 Chestnut Street,
PHILADELPHIA, PA.

VOL. V AUGUST, 1887. No. 8.

Malarial and Typhoid Fevers.

In pursuance of our Chautauqua idea announced last March, the time has now arrived to say a word concerning the study of malarial and typhoid fevers. In the first place, realize that they are separate and distinct diseases. The usual symptoms of malarial fever are familiar to all; but bear in mind that the temperature climbs rapidly to a high point even on the first day, to fall several degrees by the next morning in remittent types, and to the normal in intermittent types; then follows another rapid rise each day, or each second or third day, according as it is quotidian, tertian, etc.

Not so with typhoid. Its onset is insidious, accompanied by more or less distinct prodromata, and the temperature climbs slowly, gaining from half to one degree each day, and falling only about one degree from night to morning, this corresponding to the natural morning remission in health. And don't forget the diagnostic value of the rose colored spots in typhoid.

* * * * * * * * *

Don't get confused by the typhoid *condition*, caused by the continued high temperature in severe malarial and other fevers. This has probably caused more misunderstandings and errors of diagnosis than any other pathological condition. This is the error that many physicians make who claim to have had many cases of typhoid, recovering in from ten to fourteen days, whereas genuine typhoid requires twenty-eight days to complete its course. This also gave rise to the so-called "typho-malarial" fever, which is simply the typhoid *condition* arising in the course of malarial fever. We consider the term "typho-malarial" very inaccurate. The typhoid condition may be developed in any disease in which continued high temperature is present, and it should not be confused with typhoid *fever*, which is a specific disease.

* * * * * * *

This typhoid condition is characterized by low muttering delirium, stupor, brown or black sordes on the teeth and lips, subsultus tendinum, etc., and it is caused by the action of continued heat on the nervous centres. (The sordes are a fungous growth, allowed to collect on the teeth and other parts of the mouth). This condition is caused in typhoid fever and other diseases by continued heat, and *is in no way connected with the specific poison of typhoid fever.* It is not always present in typhoid fever, because the temperature is not always sufficient to produce it. Malaria may be present in typhoid fever, but its elimination by quinine is generally easy. By having clear ideas on 1st, typhoid fever; 2d, malarial fever; 3d, the typhoid condition, you will have no occasion to use the unscientific term, "typho-malarial fever."

* * * * * * * * *

In obstinate, so-called "bilious" malarial fevers, that are hard to "break up," and show a disposition to continue about three weeks, examine carefully to see if congestion or inflamation of some organ is not continuing the fever; and if so, cease depending chiefly upon

Digitized by Google

quinine, and give appropriate treatment to the condition you find.

* * * * * * * * *

In malarial districts practitioners fall into the habit of calling everything malaria. We would urgently advise such practitioners to study digestive disturbances, gastric and intestinal diseases, and congestions and inflammations of the various organs as they occur in non-malarious countries. They will find that the familiar group of symptoms: rigors, flashes of heat, loss of appetite, aching bones, etc., habitually attributed to malaria, are caused by many other disturbances as well as by malaria. By bearing this in mind your diagnosis will become more accurate and your treatment more direct.

* * * * * * * * *

During a recent trip touching various points in the Mississippi valley, we found some places where malaria had in former years reveled among its miserable victims; but in recent years the black, ugly cloud had lifted, leaving the people a happy legacy of health, and the doctors to suffer with financial cramps. Drainage had in some instances caused this change, but in other places bordering upon rivers, where no drainage was needed, the monster had disappeared, without known cause. Malaria does this sometimes—suddenly leaving a district, and in several years as suddenly returning, without visible cause. In other parts doctors told us that malaria had completely changed its form, and now sneaks in upon its victims under the mask of some other disease. Our own opinion is, that this is partly the doctor's imagination. He is accustomed to treating malaria, and he *will* treat it, whether it is present or not. If the disease present is treated, the patient's general condition looked after, and a watch kept for malarial symptoms, and promptly met if they arise, our opinion is, that the patient's best interests would be served. Masked malaria is frequently mis lead diagnosis; and don't be thus mislead while we are studying these diseases this season. We realize, however, that in the malarious regions of the South and South-west, this quivering monster is the chief enemy that the physician has to meet; and he must be ever armed and ready.

* * * * * * * * *

As to books, we can only refer you to the standard authors on these diseases. Keep ever before you a distinct picture of typical cases. Measure your patients by that standard and you will hit the mark pretty safely.

* * * * * * * * *

Dr. Lutz, of Indianapolis, finds that the Bergeon treatment not only improves the condition of consumptives, but that in one case in his hands it cured dysentery, in another rheumatism, always causes a ravenous appetite, even in healthy persons, and is vastly superior to calomel in removing slight attacks of "biliousness." He expects to try it in the above-mentioned fevers. When we consider that the gas is absorbed by the intestinal veins, then it is gathered up by the portal vein, then circulated through the liver, by assuming that it has a favorable action on the liver, all these effects appear to be explained. These results have been entirely empyrical, however, as we have never known the effects of sulphuretted hydrogen on the liver. It is possible that we are on the eve of great results from this treatment other than its use in consumption.

* * * * * * * * *

Our advertising patronage is growing so large that it is pressing rather heavily upon our space. A few more advertisements and a few thousand more subscribers will justify us in adding more pages, so that we can give more reading matter than ever before. We hope to do this in a few months and you can hasten it if you will.

* * * * * * *

Suppressed perspiration is a frequent cause of irritability of the bladder, though often unsuspected. The administration of powerful sudorifics will in many cases relieve this condition, without further treatment and without the employment of remedies destined to act on the bladder itself.

* * * * * * *

Bad habits damage the prospect of living in a far greater degree than many forms of disease, a fact now well appreciated by the directors of life insurance offices.

Digitized by Google

INDEX OF DISEASES.

In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease are given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number, 1886.—L. L.]

Hernia.

Taxis, ice-bag, iced-water, ether spray or hot fomentations, to tumor.

Hot baths with opium and taxis.

Chloroform inhalations.

Aspiration, or operation.

℞ Ol. terebinthinæ.....ʒ ss
Ol. ricini.....ʒ iss
In a pint of thin gruel, as an enema.

Herpes.

℞ Hydrargyri oleatis (20%).....ʒ vij
Acidi oleïa.....ʒ ij
Etheris acetici.....ʒ ij
Morph. sulphat.....gr. iv
M. S.—To be used as a paint.

Acetic acid, as a paint, for herpes circinnatus.

Argente nitras.....gr. v to ʒ j of water.
For herpes labiatis and shingles in each stage.

Ung. veratriæ. double strength, in shingles associated with neuralgia.

℞ Iodi.....ʒ j
Ol. amygdalæ.....ʒ j
As a paint in herpes circinnatus.

℞ Ung. calomelanos.....ʒ j
Bismuth subnit.....ʒ ss
In herpes zoster.

Ichthyol, in alcohol and water, in all forms.

Zinc and lime water, or lead and glycerine.

Nitro-glycerine, gr. $\frac{1}{100}$ in water or tablet every two hours.

Zinci phoshidi, gr. ⅓ ter die.

Liq. arsenicalis (Fowler), ♏ v, ter die, in herpes zoster.

℞ Syr. ferri iodide.....
Glycerini.....āā ʒ ss
ʒ j ter die, in herpes zoster.

℞ Lotionis nigri (blackwash).....
Glycerini.....āā ʒ j
As a paint.

"Hiccough."

Ether spray, hot fomentations, sinapisms, etc., to region of diaphragm.

Snow, ice, or ice cream, internally.

℞ Chloral. hydrat.....ʒ j
Potass. bromidi.....ʒ j
Potass. bicarb.....ʒ j
Liq. morph. sulphat.....ʒ j
Aq. menth. pip. ad.....ʒ vj
Two tablespoonfuls every three or four hours.

Hot mustard and water, as a drink. One teaspoonful to a tumbler.

℞ Tinct. physostigmatis.....♏ x
Potass. carb.....gr. x
Mist. acaciæ.....ʒ j
Ter die in chronic hiccough.

Morphia, hypodermatically.

Sp. camphoræ.....♏ v
Every two hours.

℞ Chloroformi.....♏ xx
Liq. morphiæ hydrochlorat.....ʒ ijs
Aq. camph. ad.....ʒ j
One teaspoonful every four hours.

Compression of epigastrium, by tourniquet.

Pilocarpine, gr. ss, subcutaneously.

Emetics.

Pressure with finger over scatenus anticus muscle.

Hoffman's anodyne.....ʒ j
Without water.

℞ Obi succini.....ʒ j
Sp. etheris nitrosi.....ʒ ss
Olci menth. pip.....ʒ j
Potass. bicarb.....ʒ ij
Sp. etheris co.....ʒ iij
Mucilaginis.....ʒ ij
One tablespoonful every half hour.

The quantity, color, odor, cleanness, turbidity, consistence, specific gravity, acidity, alkalinity, etc., of the urine are all carefully noted in our diagnosis, prognosis, and treatment of diseases referable the kidneys, ureters, bladder and urethra. May not the *temperature* of recent urine be profitably taken into account in cases of inflammation, irritation, and other morbid action occurring in these and more distant organs? Might not persistent increase of heat in this excretion prepare us for and warn us of impending nephritis, renal calculus, cystitis and more remote chronic troubles connected with these organs? L. L.

Digitized by Google

The Current Medical Thought.

Sunstroke.

MACLEAN recommends free douching with cold water over head and chest; repeated several times if necessary. The patient should drink freely. The douche must not be used too long, if the skin be cold and clammy and the respiration sighing.

PARKES recommends the inhalation of chloroform for convulsive cases.

LOOMIS combines the cold water treatment with the use of stimulants. The patient must be removed from the bath before the temperature falls to normal.

WOOD advises that persons who are compelled to expose themselves to heat, should avoid alcoholic, sexual and all other excesses. Antipyrin should always be employed as an aid to the cold water. Fifteen grains to thirty should be at once given hypodermically. In convulsive cases he recommends morphine, gr. ¼, hypodermically.

* * * * * * * * *

The majority of the cases reported as sunstroke are simply heat-exhaustion. Immoderate drinking induces free perspiration, which increases the thirst. Thus the blood is robbed of its salts, and great debility results. The absence of fever, the soft, compressible pulse, cool skin and utter prostration, separates these cases from true sunstroke. The treatment consists in rest, with lowered head, and the use of small and frequent doses of beef-tea, hot and and well salted. Coffee, tea, coca or ammonia may be given. Extreme prostration is better met by digitalis than by alcohol; though the latter is more readily obtained.

Those who avoid the excessive use of liquids will be far safer, as well as more comfortable, in hot weather, than those who are continually running to the ice-water. Persons who have Bright's disease should avoid the direct rays of our summer's sun.—*From the "Manual of Treatment."*

Deafness occuring in secondary syphilis is most likely due to syphilitic affection of the Eustachian tube; when it happens in tertiary syphilis, it arises from syphilitic disease of the temporal bone.

Rude examples of the vaginal speculum were found in great number and variety of shape among the ruins of Pompeii. There is also proof that it was employed in the time of Dominitian. Since then it fell into desuetude for hundreds of years, to be received *con amore* in our degenerate days.

A Suggestion to Local Societies.

The Marion County (Ind.) Medical Society meets weekly, except two months in the summer, at Indianapolis. Last spring the interest began to decline. The judicial council then made out a programme for each meeting during the remainder of 1887, had it nicely printed on cardboard, and sent a copy to each member, who tacked it up in his office that he might have it constantly before him. Under the date for each meeting the subject for the evening is given, the name of the member who is to present the subject, and the two members who are to lead in the discussion. Thus the work is outlined for the remainder of the year, and each speaker has plenty of time to prepare himself well. This has increased the interest and attendance, and other societies may well adopt this plan to make their work effective and meetings interesting.

Acids in Digestion.

Hydrochloric and lactic acids are found in the healthy stomach within half-an-hour after taking food. Under an exclusive meat diet, hydrochloric acid is found *alone*. Under a mixed diet, hydrochloric, lactic, and volatile acids are found, in quantities varying according to the length of time the food remains in the stomach. In fever, and in anemia, the hydrochloric acid is usually wanting. Small repeated doses of hydrochloric acid in warm water are exceedingly useful in dyspepsia and other gastric troubles. As a rule it is best taken after each meal. The acid is both an antiseptic and an anti-ferment. It forms the basis of many vaunted nostrums for "indigestion;" it is certainly efficacious in many forms of dyspepsia, as pointed out by Trousseau years ago.

The Modern Tendency of Disease.

Last month Dr. Milner Fothergill delivered three lectures on this topic, at his house in London. The gist of them was as follows:

"We have, of recent years, been studying disease, rather than the individual and the forces, internal and external, operating upon him. Of old a stout physique was the great matter for work and fighting, while life was country life. Now the battle of life is fought with the brain, and life is no longer rural but urban. The strain upon the nervous system lends to visceral derangement. The digestion is impaired. Meat is largely eaten by town-dwellers because it is easily digested in the stomach. The consequence is, the liver is overtaxed and reverts to the uric acid formation. This leads to changes in the vascular system and the kidneys, known as 'chronic Bright's

Digitized by Google

disease,' for which he proposes to substitute the term 'vasorenal change.' The effects of brain-toil in the production of diseases connected with hepatic inadequacy, is seen in the prevalence at the present time, of diabetes and Bright's disease. Notably are these maladies common among Jews, the inhabitants of United States of America, and of Bengal: all hard brain-workers. The demands upon the nervous system in school life, and the brain work of after life, tell injuriously upon the physique; while of girls, puberty is often imperfect, and marriage entails the aid of the gynecologist. Hard work is the order of the day with town-dwellers. 'The man who can get the most out of himself, is the man who can outstrip his competitors and get on in life,' he pithily remarked. And to do this the overworked man resorts to nervine tonics; and lastly to narcotics, when sleep fails him.

"Our altered habits of life required alterations in our food customs. The town-dweller can not digest imperfectly cooked pound cakes and pastry, which give him the stomachache. He requires something which is easy of digestion, and therefore his dietary ought to consist largely of soluble carbohydrates. The imperfection of the digestive organs is very manifest in acute diseases; and overworked men were apt to succumb to acute disease. Food almost independent of the digestive ferments was required to sustain the powers and prevent collapse. After the acute storm has blown over, much nervous prostration is left behind, entailing a slow and lengthened convalescence before the nervous system recovers its fitness for sustained work. The altered conditions of modern life were such as to require considerable modifications of food customs on health; while in disease not only had a change come over the treatment from an antiphlogistic to a sustaining regimen, but the necessity for material which could supply grape-sugar to the blood without requiring an action of the digestive ferments, was being widely recognized."

It is needless to add that he had appreciative audiences.

We learn from the daily papers here that Dr. S. M. Miller, of this city, was arrested July 9th, charged with "devising schemes to defraud by means of the United States mails." He was placed under $1000 bail, and given a hearing July 15th before United States Commissioner Edmunds, who held him in $500 bail for his appearance at the August term of court.

Those ordering back numbers please remember that the April numbers are all gone; the May numbers are nearly all gone.

Ichthyol for Psoriasis.

A gentleman consulted me recently with respect to an obstinate case of palmar psoriasis which had hitherto resisted all manner of treatment. There was no history of syphilis, and the disease was limited to the palms of the hands. I prescribed the continuous application of a mixture of equal parts of ichthyol and glycerite of borax in alcohol; and he returned to show me a clean pair of hands, devoid of flaw or eruption, within one week of treatment. There has been no reappearance of the disease, now two weeks since; all he complains of being a slight burning sensation in the middle of the palms. Arsenic was also given internally in small doses, but he tells me that he had been already taking it for some time without benefit. This is my first experience of the successful application of ichthyol in this direction; and as I have not found the use of borax alone to cure similar cases, I cannot but attribute the results to the ichthyol.

LOUIS LEWIS, M. D.

Diseases of the Aged.

Death from old age alone—natural death—is certainly a rare event, but it occasionally occurs in the healthy subject; the individual dying suddenly, in the night, and usually in cold weather. No single lesion is discoverable to explain the occurrence, though a general "blocking up" and wearing out of the organs is manifest, with shrinking of the brain, spleen, kidneys, and lympathic glands, and increase in size and weight of the heart and sometimes the the lungs. More frequently, natural pathological processes explain the event, as enlarged prostate, thickened bladder, retained urine, cystitis, nephritis, typhoid, anemia, etc.; or paralysis, apoplexy, embolism, and senile gangrene, resulting from degenerated or obstructed arteries; or diarrhea in summer, and bronchopneumonia in winter. Either the bladder, the blood-vessels, the intestines, or the air-passages constitute the routes by which the fatal result is usually reached. Tumors and cancers and all new growths are essentially diseases of middle age, though they also occur in the aged.

Homœopathy as it is.

The *Medical Times*, a homœopathic journal of New York, says: "We do not believe there is a single member of the faculties of so-called homœopathic college in New York and Philadelphia, who does not almost daily administer remedies which in no sense can be called homœopathic. In name they are sectarian, fighting with all their force for a name which binds them to exclusive practice, and yet in the

Digitized by Google

sick-room unsectarian, broad and liberal, bringing to their aid facts and suggestions culled from a large reading of the literature and experience of all schools. Dr. T. F. Allen, at one time one of the most enthusiastic apostles of so-called high-dilution homœopathy, now admits that it is unreliable and delusive, and says that homœopathy should be taught in all medical schools, but it should constitute only a part of the course of study. We do not hold that homœopathy is the exclusive and only law of healing."

A young woman with mitral disease, especially mitral stenosis, should not marry, because when the vital test of pregnancy comes her heart will either fail or suffer further damage.

Fl. ext. cimicifuga racemosa given in minim doses morning and evening for two weeks before an expected confinement, is said to strengthen the contractile power of the uterus and abdominal muscles, and prepare the way for normal and rapid labor in patients whose previous labors have been tedious. Eclectics have, for a long time, been directing attention to this property of cimicifuga, but without success; a Chicago "regular" has taken up the subject lately, and if there be anything in it, the practice will soon become generalized.

I have not failed once for many years by a single vesication over the fourth and fifth dorsal vertebræ to put an end at once to the sickness of pregnancy for the whole remaining period of gestation, no matter at what stage I was consulted. The neuralgic toothache and pruritus pudendi of the puerperal condition yielded as readily and to one application. [Harkin, in *Lancet.*]

As a pelvic anodyne, with special reference to the ovaries, I know none that can compare with conium, or, better still, with the alkaloid conia, used in the form of a vaginal pessary. In all cases, whether neuralgic or inflammatory, in which the ovaries are the seat of pain, conia is, to my mind, quite a specific. [Meadows, in *Brit. Med. Jour.*]

Summer diarrhea with offensive discharges is frequently amenable to permanganate of potash. Two or three grains may be given—best in pill—every three or four hours. With small doses of gray powder—hydrargyrum cum creta—intervening, this treatment will be found very satisfactory in many instances. L. L.

[This is in harmony with the antiseptic method of treating this disease, but be careful not to give the permanganate to pregnant females.—C. F. T.]

Acute Dysentery.

Dr. W. F. Hyer, M. D., of Holly Springs, Miss., in a well-written article in the *Miss. Val. Med. Monthly*, gives the following treatment for acute dysentery, when called early in the attack:

℞ Hydrargyri chloridi mite.....gr. x.
Opii.....gr. iv.
Ipcacuanhæ.....gr. j.
M. et div. in chartulas No. iv.
S.—One powder every three hours.

If it does not act within twelve hours after the last dose, give

℞ Olei ricini (vel sal Rochelle)....ʒ j.
Tinctura opii.....gtt. x.
M. S.—One dose.

As soon as the bowels have moved twice, either from the primary or secondary medication, place the patient on the following:

℞ Pulv. opii.....
Pulv. camphoræ.....āā gr. x.
M. et. ft. pillulas No. x.
Sig. One pill from one to ten hours apart, or sufficient to keep the patient free from pain or abdominal uneasiness. Thus keep the bowels locked for forty-eight hours. The dysentery is then cured.

C. J. Rademaker, M. D., of Louisville, Ky., in the *Medical Herald*, sets forth the merits of pyridine tricarboxylic acid as an antipyretic and antizymotic. In malarial fever he uses it as follows:

℞ Pyridine tricarboxylic acid.....gr. xxxij
Syr. aurantii.....f ʒ ij
M. S.—One teaspoonful every two hours, commencing twelve hours before the expected attack.

He claims wonderful results from it in asthma.

He is also pleased with it in pertussis.

The same success follows his use of this drug in diphtheritis, typhoid fever, and locally in gonorrhea.

A Simple Classification of Insanity.—Dr. John P. Gray gave the following:

Mania—Manifested by delusions of excitement, expansive ideas, exaggeration, self-consequence, incoherence, etc.

Melancholia—Manifested by delusions of depressing character, painful ideas and apprehensions.

Dementia—Representing conditions of mental failure and feebleness of mental action.

All cases of insanity come under those three heads. Cases may be acute, sub-acute, chronic, periodic, paroxysmal, but they are mania, melancholia or dementia.—*Med. Record.*

Swelling of the lymphatic glands situated behind the ear is indicative of syphilis. Inflammation of the lymphatic glands in front of the ear accompanies or follows blennorrhea of the eyes.

Digitized by Google

How the Mighty Suffer.

It is curious to notice what a number of distinguished men and women have labored under some physical defect or disease. Lord Byron was lame. The first Earl of Chatham was a martyr to the gout. The celebrated Lord Chesterfield was compelled to retire from public life by incurable deafness. Mrs. Howard (Countess of Suffolk) mistress of George II., suffered under the same affliction. Queen Caroline, wife of George II., was the victim of an internal malady, of which she eventually died. Heinrich Heine, George Canning, the first Lord Durham, died prematurely of deeply-rooted disease. "The burlesque Duke of Newcastle," as Horace Walpole describes the leader of the Whig families in the reign of George II., was a grotesque, ridiculously undersized man. George III., passed a large portion of his life in a state of idiocy. The young Pretender, Charles Edward Stuart, in after life became an incurable drunkard. The brilliant Richard Brinsley Sheridan succumbed entirely to his love of drink, and became at the close of his career a pitiable sight to gods and men. Lord North, George III.'s Prime Minister, was so short sighted that he was almost blind. The beautiful Louise de la Vallière was lame. Richard III. was high shouldered. Henry VIII. was killed by gout. The whole of the Medici-Valois family were cankered from their birth and doomed to short and unhappy lives by the hereditary madness and disease transmitted to them by the celebrated Catherine de Medici. The Royal House of Spain suffered under hereditary madness for over two centuries, when at last it became extinct in the male line. Frederic I. of Prussia, was extravagantly mad, Frederick William was brutally mad, Frederic II. was beastly mad, Frederic William II. was imbecilely mad. The list might be extended indefinitely, and the annals of the reigning houses of the petty princedoms of Italy would furnish a marvellous assortment of diseased, deformed and insane princes and statesmen.

William the Conqueror, George I., George IV., and Queen Anne died of excessive drinking. Queen Mary—"Bloody Mary"—and Henry I. died of over-eating. Henry VIII. died of carbuncles and obesity. Henry VII., William III. and Edward VI. died of phthisis. George II. died of rupture of the heart.

Crying Before Birth.

While a physician was in attendance on a case of labour, the yet unborn babe gave vent to a convulsive sob, succeeded by loud distinct cries, much to the awe and amazement of the womenfolk present. It appears that the case was a face presentation, the chin resting on the os pubis, the face soon pressed on the perineum; and the physician, in making his examination, had gotten his finger well into the child's mouth, admitting the air, and enabling it to breathe. The child was ultimately delivered successfully an hour after it had breathed and "hollered" in the womb.

Dr. Loverock lately reported in the Brit. *Med. Press and Circular*, a case in which he found the head firmly locked in the brim of the pelvis; and after rupturing the membrane and administering ergot, he applied the long forceps and waited for a pain. As soon as he commenced traction, the child cried audibly, and was heard by several witnesses; and this occurred at each pain, when traction was used, until the head was outside the vulva. The child is still alive and well.

For Diptheria.

Dr. C. R. Illingworth (England) persistently advocates the unfailing value of the following formula:

℞ Liq. hydrarg perchloride (B. P.),.....ʒ ij
Soda iodid.,.....gr. xv
syr. simpl.,.....ʒ ss
Aq. dist.,.....ad ʒ ij

Of this mixture a teaspoonful should be administered every half-hour, until the temperature falls to normal, and all false membrane has disappeared, when iron, chlorate of potash, and dilute hydrochloric acid may be used to complete the cure. Iodide of sodium diminishes the fibrine forming power of the blood, and so checks the effusion of false membrane. The above prescription is intended for children, and usually obviates the necessity for tracheotomy.

Some recent experiments seem to prove that scarlet fever is only communicable in its latest stages, and that the latest desquaamtion contains the contagium in largest amount, thus showing that air is necessary for its maturation or ripening. The removal of the scales by bath, and the disinfection by antiseptic ointments should restrain the spread of the disease.

Worms in Children.

Among the common disorders of childhood (excluding diseases of the skin), about 30 per cent. are traceable to the presence of intestinal worms. Their eggs may be introduced into the economy by impure drinking water, by direct communications, and by the ingestion of food to which their bodies has become attached. Once affected, the patient becomes a constant source of self-contamination, for the fingers

Digitized by Google

are carriers of ova from the rectal neighborhood to the mouth and other parts. Even whitlows leucorrhœa, irritation of the nares, ulcerations of the fingers, and unhealthy sores about the groins may probably be so engendered, as also stomatitis and pharyngitis. Epilepsy, chorea, tetanus, "convulsions" and hemicrania are reflex phenomena sometimes due to the same cause. Early life seems specially prone to these annoyances. "The early bird catches the worm." L. L.

The Ravages of Wild Animals.

In British India the number of persons killed by wild animals and venomous snakes, in the ten divisions of Bengal during the official year 1885-6 was 11,823, the highest number in the last five years. As is usual, nine-tenths of the deaths were caused by snakes. Buffalos, oxen, horses and ponies to the number of 12,223 were killed by wild animals; but of these only 311 died from snake-bites. In this number is not included the large number of deaths of sheep, goats, pigs and donkeys. Five hundred and forty-eight persons (probably nearly all children) were killed by jackals, 221 by crocodiles or alligators, 84 by pigs (either wild or domestic), 22 by elephants (whether wild or domestic it is not stated). Only 18 deaths are attributed to mad dogs, but this is supposed to be much understated. The total amount paid for the destruction of wild animals and venomous snakes was 29,884.4 rupees, against 42,374. 11 rupees paid in the preceding year. A rupee is equal to half a dollar.

The word *lancet* is borrowed from the French, *lancette*, an instrument to open a vein. The French borrowed the term from the ancient Gauls. Celsus called it a *scalpellus;* other Latin writers, a *phlebotomus*. Albucasis named it *alnessil.* Before the use of the lancet, the leaves of the olive and myrtle were employed for bleeding by puncture.

A solution of atropine (gr. v to the ounce of water) promptly relieves neuralgia of the eye and similar painful conditions of the orbit. It should be applied on a linen rag.

"I see that a post-mortem examination is often made in murder cases. What does a post-mortem examination mean?" asked a young wife of her better half. "A post-mortem examination, my dear, is intended to allow the victim to state, verbally, his own testimony against his assailant, and is taken down in writing." "Thanks, darling; and you won't look down on me, will you, because I haven't your education?" He said he wouldn't.

CLASS-ROOM NOTES.

[*From the College and Clinical Record.*]

—In *obstinate hiccough*, always suspect aneurism, and carefully examine for such.

—Pomegranate, to be effective against *tænia*, must be of the rind of the root, and fresh.

—*Chronic peritonitis* that is not traceable to an acute attack or to an injury is almost invariably due to tubercle.

—Dr. Musser states that, after all *operations on pelvic viscera*, is is always well to make a routine practice of giving opium by suppository.

—No one remedy for *aneurism* can accomplish the good that is found to be derived from prolonged administration of iodide of potassium.

—The simultaneous administration of *pilocarpine* aids very materially the absorbent action and properties of the iodides and mercurials.

—*Uterine cancer*, in the vast majority of cases, is of the cervix; sarcoma is of the body. One third of all cancers found in women are of the uterus.

—For *insomnia* and restlessness of delerium tremens in its first stage, pilocarpine is a remedy which will be found to act remarkably well. —*Bartholow.*

—For *constipation in infants*, use equal parts strained oatmeal, gruel and milk. If this does not act efficiently, try from ℥ss–℥j of sodii phosphas in twenty-four hours.—*Parvin.*

—In long administration of bromides, as in *epilepsy*, no more of the remedy can be utilized by the system in combating the disease than that which will cause anæsthesia of the fauces.

—Dr. Bruen, at the Philadelphia Hospital, recently exhibited to the class a case of obstinate *anæmia* which has been treated by Fowler's solution alone, with results most gratifying.

—Prof. Gross has recently, with marked success, been treating *chronic ulcers* by scraping away all induration and dressing on antiseptic principles. He claims for this method a superiority over the means usually employed.

—Prof. Bartholow prescribed for a case of pure and simple *chorea*, gr. ⅛ of cocaine morning and evening, and, as most important adjuncts, directed particular attention to be paid to dietetic and hygienic influences.

—For one of those cases but rarely seen, *cervical pachymeningitis*, with all its symptoms well marked, Prof. Bartholow prescribed gr. v of salicylate of cinchonidine ter die, in that the probable cause was a rheumatic diathesis.

Digitized by Google

—The fluid contents of an *ovarin cyst* always contain cholesterine, which is never found in the contents of a cystic fibroid. Hence, when in doubt as to the character of the tumor, the microscope proves a ready means of diagnosis.

—According to Prof. Bartholow, physiological and clinical observations demonstrate the efficacy of *antifibrin in epilepsy*, when there is a slow, feeble circulation as seen by retinal examinations. Doses of gr. iij ter die will usually suffice.

—For *irritable stomach of cholera infantum* Prof. Parvin speaks very highly of counter-irritation of epigastrium by means of mustard, and the internal administration of gr. v of bismuth with gtt. iij of aromatic spts. ammonia every hour.

—For *exophthalmic goitre*, Prof. Bartholow directed the following:—

℞ Extract. ergotæ aquos.,.....gr. ij
Picrotoxin,.....gr. $\frac{1}{40}$.
Ft. pil.....
M. Sig.—twice daily..

Also gtt. xv of tincture of chloride of iron, two hours before meals.

—Ipecac is also a most valuable remedy in *hæmoptysis;* its action is twofold: the hemorrhage ceases with the oncoming of nausea, and when vomiting ensues, the lungs are cleared of the blood remaining in the bronchi and their subdivisions, thus lessening the dangers of after complications or sequelæ.

—In *artificial feeding of infants*, it is of prime importance to be scrupulously clean with the nursing bottles. It is always best to have two bottles, and thus one can be kept in a cleansing solution of sodii bicarb. or sodii salicylas during the intervals of feeding; do not have a long tube attached to nipple.

—In a case of *albuminuria*, probably due to chronic parenchymatous nephritis, Prof. Bartholow prescribed the following: Trinitrin, gtt. j every four hours, up to tolerance; tinct. ferri chloridi, gtt. xv four times a day; also, "cream-of-tartar" lemonade, made by adding ℥j of cream tartar to Oj water, with sufficient lemon and sugar.

—In *constipation* occurring in the thin and anæmic, the efficacy of sulphate of magnesium can be much increased by the addition of gr. j-ij of sulphate of iron, taken before breakfast each morning. However, if the patient be of full health, robust and plethoric, you can add to the Epsom salts with much advantage gr. $\frac{1}{15}$-$\frac{1}{5}$ of tartar-emetic.

—To properly examine a woman's breast, she should be lying on her back. If examined in any other position, it can be so manipulated as to convert it into any tumour. When on her back, examine by pressing the tips of fingers back through the breast against the breast walls, and not by pinching the structures up between the fingers.—*Prof. Gross.*

—For *thread-worms*, at night give gr. j of calomel and gr. ij-iv of santonin; the following morning inject a cleansing enema of water, and follow this by the infusion of quassia. To destroy the ova hidden in the folds of the anus and adjoining parts, apply locally a one per cent. solution of carbolic acid by sponge; never use the acid as an infection, however.

—Prof. Bartholow speaks quite highly of iodide of ethyl for *asthma*. It should be inhaled from a bottle, being vaporized by the heat of the hand, the patient breathing strongly and deeply; this should be continued each sitting, until a hot, stuffy sensation is experienced in the chest. At times it may cause coughing. Asthmatics should, as a rule, take a light supper, to avert the attack which is usually nocturnal.

"Rigor mortis" and Post-mortem Temperature.

The average time at which "rigor mortis" commences is from three to four hours after death; it takes from one to two hours more to mature; and is generally complete in about five hours. In cases of tetanus, rigor may commence within a few minutes after death; but this is due rather to muscular spasm than to the true rigor mortis, and would probably be accompanied by an equally early fall in the body-temperature. In death from apoplexy, acute rheumatism, asphyxia, and some accidents, the body has been observed to retain its temperature for an unusual length of time; and the temperature actually rises after death, in malignant cholera and sometimes in fatal syncope from heart disease. On the other hand, the emaciated bodies of the victims of cancer, phthisis, œsophogeal stricture, etc., generally cool at an early period after death.

L. L.

"Stop smoking," said a doctor to an ailing patient the other day, "and it will lengthen your days." The patient stopped. The doctor's prediction was verified. The first day, the patient declares, was as long as his whole previous life, and he was inclined to favor the idea of "a short life and a merry one."

This (THE WORLD) is the most tempting little book I ever saw. I can pick it up and enjoy it even when I'm half asleep. In a word it is just "boss."

Flushing, N. Y. FORSTER J. MAYNARD.

Digitized by Google

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

☞ Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Opium in Cholera Infantum.

Editor MEDICAL WORLD:

In June number of WORLD, Dr. Edson says that any denunciation of opium in cholera infantum is unsupported by argument. True, because I did not wish to occupy much space. He also says "the subject is of such vital importance" that he "will examine the matter with some particularity." I naturally then expected some argument from him to justify his practice. Well, what is his argument? Why simply that opium "produces no ill effects" (his own "unqualified assertion"), that authors recommend it, and that thousands prescribe it!! Any argument there? If there is, *I* cannot see it.

Let 'me say to my brother that my conclusions are not based upon what "they say," not even upon what "high authority" says, but upon what I have witnessed in my own practice and in consultation, and however humble a person I may be, yet when I have repeatedly verified a fact, I am the best authority *to myself* in this finite world.

But to the argument:

What are some of the effects of continued doses of opium?

1. Nausea.
2. It interferes with digestion.
3. It quickens and enfeebles the circulation.
4. It tends to produce determination to the brain.

What are some of the conditions present in cholera infantum?

1. Nausea (a deplorable complication in any disease).
2. Almost an absolute arrest of digestion.
3. Generally a quickened and enfeebled circulation.
4. Cerebral irritation with determination to the brain.

How do most cases of cholera infantum die? Undoubtedly from acute hydrocephalus, unless symptoms have no meaning at all.

Now, if the above "unqualified assertions" are true, I ask, in all sincerity, is opium a proper agent for use in the disease under discussion?

If the premises are correct, the conclusion is irresistable; and if any man denies the premises, then he needs to re-study therapeutics and cholera infantum.

But Dr. Edson, in defending himself, virtually admits his vulnerability, as well as the danger of opium in cholera infantum, by his marked anxiety of having it clearly understood that he always gives the opium combined with ipecac. Well, ipecac may, and doubtless does, modify the action of opium upon the liver (for ipecac is really a valuable chologogue); but does Dr. Edson believe that ipecac will prevent the cerebral effects of opium? Can't he kill a man, much easier a child, with Dover's Powder as well as with opium alone?

I still think that the advice of any man to give 2 minims of tr. ipecac et opii (=⅛ grain opium) every two hours to a little child, is unwise and dangerous advice, against which some voice should be heard in protest. I am sure that in Baltimore, where I practiced nearly twelve years, I lost many a case of cholera infantum from smaller doses than Dr. Edson recommends, which would not have died under proper treatment. I may be allowed to state in this connection that a friend of mine in that city, whom I had the greatest difficulty in persuading to let opiates alone, wrote me some time ago these words: "I lose no cholera infantum cases *now*;" and on my expressing amazement at such an assertion, he assured me that it was literally true. My own experience is well nigh, if not entirely, as happy as that of my friend's. So, brethren, there is a better way, Dr. Edson and "high authority" to the contrary notwithstanding.

Dr. Record's views harmonize very closely with mine.

Were I engaged in giving my treatment, I would draw a distinction between the treatment of irritative and atonic cholera infantum, and if desired, I may at some other time publish my views; but at present my only purpose is to enter my feeble protest against a practice which I honestly, and upon good grounds, believe to be destructive of human life.

It may be needless to add that I feel no unkindness whatever to my brother Edson because of his opinion differing from mine.

Suffolk, Va. WM. W. MURRAY.

In some forms of dyspepsia, associated with a relaxed condition of the mucous membrane of the stomach, much benefit may be frequently derived by the administration of strychnia, in doses of 1-20 of a grain, three times a day, a little while before food. It may be given either in pill form or in solution. L. L.

Digitized by Google

[Some months ago one of our subscribers offered as a prize one year's subscription to THE WORLD, for the best list of 100 drugs for a country doctor's use. The following is the list approved. It has been standing for some months, but crowded out by more pressing matter, such as requests for assistance, etc.—ED.]

Prize List of One Hundred Medicines.

By GEO. W. HOGLAW, M.D., Columbus, Ohio,
(The most important are in **bold** type.)

—:o:—

Astringents	(1)	Acidum tannicum
	(2)	Tr. kino
	(3)	Tr. catechu
	(4)	Plumbi sub-acetas
Tonics	(5)	Cod-liver oil
	(6)	Tr. gentianæ co
	(7)	**Quinine**
	(8)	Prunus Virginiana
	(9)	The "Aromatics"
	(10)	Aromatic sulphuric acid
	(11)	Dilute nitro-muriatic acid
	(12)	Sub-nitrate of bismuth
	(13)	**Iron** and its preparations
Arterial Stimulants	(14)	Ammoniæ carbonas
	(15)	Phosphorus
	(16)	Oil of turpentine
Cerebral Stimulants	(17)	**Alcohol**
	(18)	Ether
	(19)	Camphor
Anti-Spasmodics	(20)	**Opium**
	(21)	Assafœtida
	(22)	Musk
	(23)	Valerian
Spinal Stimulants	(24)	**Belladonna**
	(25)	Nux vomica
Cerebral Sedatives	(26)	Chloroform
	(27)	Chloral hydrate
Arterial Sedatives	(28)	Antim. et potassæ tart
	(29)	Nitrate of potash
	(30)	Tartaric acid
Nervous Sedatives	(31)	**Digitalis**
	(32)	Lobelia
	(33)	Aconite
	(34)	Gelsemium
	(35)	Bi-chloride of mercury
Alteratives	(36)	**Arsenic**
	(37)	Iodide of potassium
	(38)	Syr. sarsaparilla co
	(39)	Chlorate of potassa
	(40)	Tr. guaiaci ammoniata
Emetics	(41)	Ipecac — See also Antim et potassæ tart.
	(42)	Apomorphia — See also Antim et potassæ tart.
	(43)	Lobelia — See also Antim et potassæ tart.
	(44)	Zinci sulph — See also Antim et potassæ tart.
Laxatives	(45)	Magnesiæ carbonas
	(46)	Fl. ex. cascara sagrada
	(47)	Manna
Purgatives	(48)	Castor oil — See also **Calomel** and other mercurials.
	(49)	Aloes — See also **Calomel** and other mercurials.
	(50)	Rhubarb — See also **Calomel** and other mercurials.
	(51)	Jalapa — See also **Calomel** and other mercurials.
Saline Cathartics	(52)	Magnesiæ sulph
	(53)	Pot. sulph
	(54)	Potassæ bi-tart
	(55)	Tart. of pot. and sodæ
	(56)	Liq. magnesiæ citratis
Drastic Cathartics	(57)	Colocynth
	(58)	Gamboge
	(59)	Elaterium
	(60)	Croton oil
Diuretics	(61)	Squill — See also **Digitalis** and **Calomel**.
	(62)	Spts. junip. co — See also **Digitalis** and **Calomel**.
	(63)	Pot. nitras — See also **Digitalis** and **Calomel**.
	(64)	Pot. acetas — See also **Digitalis** and **Calomel**.
	(65)	Spts. ether nit — See also **Digitalis** and **Calomel**.
	(66)	Syr. Doveri — See also **Digitalis** and **Calomel**.
	(67)	Buchu — See also **Digitalis** and **Calomel**.
	(68)	Copaiba — See also **Digitalis** and **Calomel**.
Diaphoretics	(69)	Pot. citratis — See also 20, 41, 63, 65, 28, etc.
	(70)	Liq. ammoniæ acetas — See also 20, 41, 63, 65, 28, etc.
Expectorants	(71)	Senega — See also 61, 41, and 21.
	(72)	Bromine — See also 61, 41, and 21.
	(73)	Iodine — See also 61, 41, and 21.
	(74)	Balsam of tolu — See also 61, 41, and 21.
	(75)	Compound tr. benzoin — See also 61, 41, and 21.
Uterine-motor Stimulants	(76)	Fl. ex. ergot
	(77)	Tr. cannabis Ind
	(78)	Oil of tansy
Epispastics	(79)	Cantharides
Rubefacients	(80)	Aquæ ammon. fortior
	(81)	Mustard
	(82)	Burgundy pitch
Escharotics	(83)	Caustic potash
	(84)	Nitrate of silver
	(85)	Chloride of zinc
Antacids	(86)	Bi-carbonate of soda
	(87)	Aromatic spt. of ammon
	(88)	Lime water
Anthelmintics	(89)	Prepared chalk
	(90)	Santonin
	(91)	Filix mas
	(92)	Pumpkin seed
	(93)	Pomegranate root
Unclassified	(94)	Salicylic acid
	(95)	Bromide of potassium
	(96)	Bromide of lithium
	(97)	**Cocaine**
	(98)	Sulphite of sodium
	(99)	Sulphite of calcium
Diaphoretic	(100)	Fl. ex. jaborandi and its alkaloid **pilocarpine**

Treatment of Acquired Phimosis.

Editor MEDICAL WORLD:

For the treatment of acquired phimosis in adults, I use an instrument which consists of a series, two or more, of levers placed concentrically around a ring which acts as the common fulcrum, while the power consists of rubber bands which can be doubled as dilation proceeds, and a steady pressure kept up all the time. The use of a ring instead of a solid center, gives lightness and adds to the cleanliness where it is worn all the time, as the patient can urinate through it. The width of the blades used must be adapted to the stricture, commencing with narrow ones and gradually increasing in width as the dilation is accomplished. The levers are fastened with a soft wire which passes through holes punctured in the sides of the levers. The rings have facets on their outer circumferences, between which the levers are fitted. The ends of the wire are fastened by twisting them together, and the ends bent down so as to be out of the way, or the ends may be run through a perforated shot, which is pressed down, similar to the method used for fastening wire sutures. The levers are made from German silver plate, 28 or 30 gauge. This can be readily bent so as to adapt the blades to the case in hand. I have found German silver better than any other metal. It does not corrode and is easily kept clean. It is also stiff enough for all practical purposes. I have found it best to use two lateral levers and increase the size of the blades and the ring as dilation proceeds. The levers may be cut out of sheet German silver and vary in length from 6 to 7½ centimeters. They may be cut 1½ centimeters in width for the shaft portion, and from one (1) to three (3) for the blade proper. The shaft is divided longitudinally into three portions, and the sides bent down at right angles; the blade portion must

Digitized by Google

be curved and two centimeters from the end be bent slightly back. Holes are punched two centimeters from the end of the shaft portion of the lever, for the wire which is to fasten the lever to the circumference of the ring. The end of the shaft portion is also turned up so as to prevent the rubber bands from slipping off.

In the practical application of the instrument, it will be found that by reason of their shape, the blades have a tendency to slip deeper and deeper in between the prepuce and glans, and unless watched will cut the internal lamella and cause considerable unnecessary inflammation. This may be avoided and at the same time add to the efficiency of the instrument, by fastening it to a bandage which is placed around the waist; the prepuce is thus kept on a stretch and by drawing against the expanding blades lessens the need of having the bands too tight.

The question naturally arises, how tight must the bands be? The idea is to keep up a constant tension on the tissues. The greater the power exerted, within certain limits, the sooner will the prepuce be expanded. It is desirable to perform the dilation with as little pain as possible, to keep down the inflammation with antiphlogistics, and allow the tissues time to expand and adapt themselves to the new condition of things. This can be accomplished in a majority of cases in less time than it takes a circumcision to heal, and with far less pain and soreness; or if the patient desires, the instrument can be worn at night and the space between the prepuce and glans can be packed tightly with absorbent cotton in the morning before removing the dilators, so as not to lose any ground; the cotton may be saturated with any antiphlogistic solution desired, and a suspensory bandage worn during the day; the instrument can be again replaced at night, or if the prepuce is very sensitive the instrument can be worn an hour or so at a time, and during the interval the space kept packed with cotton, which is saturated with the following solution:

℞ Plumbi acet..... 40 grains
Morphinæ chloridi..... 10 "
Aquæ destillatæ..... 12½ ounces.

or with the proprietary medicine known as phenol sodique, which I have found to act very happily in such cases.

In some instances, however, such a hyperesthetic condition exists, that it will be impossible to use the instrument without the internal administration of an opiate. Such instances will be rarely met, and if care is taken not to excite too high a state of inflammation, success will result in nearly every case; especially if the inflammation is kept down by cold compresses, or by using an irrigation catheter through which a stream of cold water can be passed, the "Kuhtsonde" of the Germans. If the case to be treated is one of congenital phimosis and the prepuce is adherent, the adhesions must be broken up before the instrument is applied. This may be accomplished by using one of the blades of the dilator, which is to be inserted between the prepuce and glans, and gradually worked around until the two are completely separated, when the other blade may be inserted.

In such cases treatment must be directed toward allaying the inflammation from the first; where dense scar tissue from chancres exists, it will be found best to make several punctures with a bistoury in the cicatrix, so as to allow of more rapid expansion; as good results need not be expected in such cases as in those where such dense cicatricial tissue does not exist. This method of treatment has been successful in my hands and I can thoroughly recommend it. It is based upon the physiological handling of the tissues and leaves them in a much better condition than they are after circumcision, unless the operation is performed in infancy.

Vienna, Austria. W. X. SUDDUTH, M. D.

Common Sense Hydropathy.

Editor MEDICAL WORLD:

I have often wondered that water is so little used in malignant fevers, or so awkwardly used that it is not strange that no benefit results. Permit me to give my experience and method.

I have rarely been disappointed in its use, having used it under the most unfavorable circumstances, as a last resort, after medicine had failed, and I felt that the patient must die unless some other remedy could be found.

Reducing the temperature of our fever patients is not the only effect desired, but we should try to produce free diaphorisis at the same time, and by no means to chill the patient by a constant application of ice-water. Always allow a full reaction after each bath, as a cold bath not followed by a reaction is likely to do more harm than good.

I do not advise the water treatment first, and to the exclusion of medicine; but after a proper alterative course, the patient running down under a burning fever, and medicine seems of no avail, despair not, but try the wet pack, in water not more than fifteen degrees below the temperature of the patient, and as soon as a full reaction takes place renew the pack, and thus repeat until not only the heat is reduced, but a perspiration is produced; then let the patient rest awhile, giving him lemonade and suitable food. When the fever returns

Digitized by Google

repeat the pack. I have fully demonstrated in long practice that this course will save many a patient who could not be saved by medicine alone. E. SPENCER.

Evansville, Ind.

[Our venerable correspondent, now over seventy-five years of age, states that he has cured himself, at seventy years of age, of a chronic dyspepsia by the use of burdock seeds. —ED.]

Opium in Cholera Infantum.—Hot Water in Labor.

Editor MEDICAL WORLD:

In the May number Dr. Elson had an article on opium in cholera infantum, then in the following number comes Dr. Murray condeming the practice; also, in July issue Dr. Record coincides with Dr. M. in pretty strong terms. Now brethren, if opium "kills," as Drs. M. and R. says it does, pray tell me why has our noble profession been so long finding it out? While I am an advocate for the drug in this disease (with others of like character), I use it as other poisons, cautiously; and right here let me say, I have had some little fellows who required pretty large doses. Tincture opii camphorata is my choice, combined with sub. nit. bismuth, and as yet I have had no cause to regret. Would like more of the brethren to speak through THE WORLD on the subject.

I use a towel wrung out of hot water, and apply over uterus, for nervous rigors during labor. I find it gives much comfort to the parturient woman. Don't know that this is new, but nevertheless think it may be of service to those who have never used it. I confined a patient last winter, with rigors so severe that she shook the bed violently; used the hot water as above described, and before the first application was cool, she was as quiet as if morphia had been given. Keep the water at your side during labor, and when you notice the first shake (matters not how slight) lay on your towel.

THE WORLD is always welcomed at my house.

Lauderdale, Miss. W. J. STEVENSON, M. D.

Sweet Milk Objectionable in Fevers.

Editor MEDICAL WORLD:

After an experience of twenty years I desire to enter my protest against the use of sweet milk in acute febrile diseases in this climate.

I am aware that nearly all northern practitioners and a large majority of physicians of the south claim that no article of diet is so good in fevers as sweet milk. Many times have I observed a rapid increase of temperature in fevers after my patients have been taking sweet milk, and after vomiting chunks of curdled milk, have I as often seen a rapid decline in temperature. It is very evident that the rapid decline in the temperature follows the ejection of the curdled milk. The secretions of the stomach in high temperature have an acid reaction, and sweet milk being alkaline, we have an incompatability.

The solid portions of the milk form into curds and become a source of great irritation, and no relief can be expected until they are ejected.

Some time ago I was attending a case of typhoid fever, and on the evening of the seventeenth day the temperature was 101°, all indications being favorable. You can imagine my disappointment next morning when I found the temperature 104°. I at once supposed I had some serious complication to combat, but in a short time my anxiety was relieved by my patient vomiting several large curds of milk. Contrary to my directions several ounces of sweet milk had been given during the night. Two hours after the milk was vomited temperture fell to 101°.

I sometimes give sweet milk and lime water or barley water in fevers, or boiled milk with rice gruel. Butter milk is less objectionable in high temperature, and in malarial fevers no diet is better suited. In cholera infantum, summer diarrhea and dysentery among children, attended with hyperpyrexia, breast milk is often objectionable. Marked improvement is frequently observed when breast milk is denied them, and they are placed for a day or two partly or altogether on a different diet.

I hope physicians will observe closely the effects of sweet milk in fevers with high temperature, and I feel confident they will find many of their cases do better without it.

Rockingham, N. C. J. M. COVINGTON, M. D.

Typho-Malaria.

Editor MEDICAL WORLD:

In January WORLD I see that Dr. Campfield asks for treatment for typhoid-malarial fever; also Dr. Shoemaker tells what typho-malarial is. In the February number; Dr. Frosts gives his views of the great unknown "malaria." Dr. Bates also his, which do not agree with Dr. F., but do meet my views of the matter. Also Dr. Quigley, of Missouri, says, "the disease which puzzles." Now brethren of the press, I would leave this discussion to others were it not for the fact that I am directly pressed into the same thing by my local colleagues. Excuse me for the many quotations; but there is no writer in my library except Flint, that recognizes the so-called hybrid.

Digitized by Google

What is typhoid fever? What is malarial fever? Do they intermingle? Do they resemble each other? Does one ever merge into the other? To the last three questions I say no. Reynolds says, "typhoid fever, a continued febrile condition marked by an intestinal derangement, &c." He says, "malaria is the poison that gives a distinctive name to fevers that periodically return."

Aitkens say, "malaria is the poison that gives rise to a class of diseases represented by remittent and intermittent fevers." But he also says, "there are four distinct fevers with distinct features peculiar to themselves, and typhoid is one of them, and the only fever that can be confounded with typhoid is typhus."

Flint says, "typhoid is a common continued fever;" and in his diagnosis says, "the marked absence of intermittence is characteristic of typhoid;" and mentions that this characteristic is as prominent as are the symptoms of smallpox, &c.; and farther says, "the abdominal lesions in themselves constitute a valid claim for the individuality of the disease."

Quoting Dr. Woodward's name of typho-malarial fever, he says: "I shall adopt this name and consider remittent and typho-malarial conjointly; or in other words I shall consider two fevers as one."

Ergo, scarlet fever and measles may also be considered as one, but that don't make them one. Call a rose by any other name and it will smell as sweet. Still it's a rose. Yet Flint says, "malarial fever is a periodical fever represented by remittent and intermittent."

Niemeyer classes typhoid under the head of acute infectious diseases, and says that it will become epidemic without regard to season or locality. Is this so with malaria? Is it a disease of the extreme north, or of the temperate and torrid regions? Does it become epidemic in the extreme cold winters? Will a critic say yes? Bristowe says, "typhoid is a fever of world-wide prevalence." He also says, "that it has been proven beyond a doubt that enteric fever is par excellence the fever of fecal decomposition; that it occurs only among those who are exposed to defective drains or foul and overflowing cess-pools." Now what does he say of malaria? Ague! Intermittent and remittent fevers are specific, non-contagious, produced by malaria, and may last for years or a lifetime.

Bartlett, on Fevers of U. S., divides his book in five parts, and gives typhoid as part first, and why? He says, "because its symptoms, lesions and causes have been exactly ascertained. Now produce any authority, either ancient or modern, sacred or profane, that will say that of malaria.

Even that prince of quacks, Buchanan, says of malaria, "the precise cause is not known," and he claims to know everything. But he plainly states (probably copy) the cause of typhoid fever.

Now then Flint, Niemeyer, Aitken, Bartlett, Watson, Reynolds, all agree as to the pathology, cause and symptoms of typhoid as a specific fever. They also agree that they do not know the cause of malaria, except from the effect produced; they agree that the effects produced are widely at variance; viz: one is a continued epidemic of limited duration, produced by a known cause; the other periodical, non-contagious, unlimited, produced by an unknown cause. Now if a person had smallpox, could he not at the same time have scarlet fever? if so, would they necessarily merge one in the other; if so, analogy shows the pain from an aching tooth and a corn on the foot to be a hybrid, and I will call the disease pedesodontalgia.

Now then if the so-called typho-malaria is a miasmatic poison, quinine is the remedy; and according to the above authors, quinine is the remedy for the periodicity, &c., following said disease. That is the ground taken by an M. D. near me. Last September an epidemic of sixty cases occured at the town of three hundred and fifty inhabitants where said M. D. is located. The local M. D. said it was the vaunted typho-malarial, and when called in as consultant I was told so by an M. D., who also affirmed that quinine was the remedy, and had consequently administered forty grains every four hours for twelve consecutive doses, to a boy eighteen years of age. Need I say that in this case, as in eighteen others, "typho-malaria" killed them all. I diagnosed typhoid fever, and treated twenty-five cases—four in one house from which two had died, and lost only two patients. The locals came to the conclusion after three other physicians had been called and confirmed my diagnosis, that it was typhoid fever, pure, and unadulterated with malaria. Now I do not claim that there is no malaria. But I do claim there is no typhoid-malaria in the sense usually meant by that term. I had intended to give my treatment for typhoid; but as I have already exceeded the limit, will not. Let us hear from a Southern brother on malaria: pure, simple, unadulterated; also from one very Northern brother on typhoid, and then see the difference; and then when a so-called intermingling occurs midway, we will have land marks.

Hawarden, Iowa. W. A. QUIGLEY, M. D.

I am delighted with both the Manual of Treatment and the Skin Chart.

Thorold, Ont. J. W. BLACKSTOCK.

Digitized by Google

Typhoid Fever.

Editor MEDICAL WORLD:

Typhoid fever is as much a specific disease as measles, and as well marked in its diagnostic symptoms when closely observed. Its characteristic symptoms are too well known for me to give them in detail here. According to my observations, based upon four hundred and sixty-two cases of unmixed typhoid fever, it is a well marked disease, and only needs to be seen often and closely observed to be readily distinguished from all other diseases. Its treatment is of the utmost importance. Typho-malarial is a misnomer, and is in this locality nothing more nor less than a grave form of malarial fever; in other words, a remitting fever with a typhoid type. Dr. Bartlett has well said in his inimitable work on typhoid fever: "*Unless we distinguish between typhoid fever proper and the typhoid type in many diseases, there is an end to all philosophical diagnosis.*" I feel certain that typhoid fever and the typhoid type have become mixed up in the minds of many practitioners, to the humiliation of the profession and the darkening of counsel. It is unfortunate that the disease has been called enteric fever; and that the word grave has not been used in cases of malarial fever in the place of typhoid. In the last twenty-five years I have been called in consultation to many cases of so-called typho-malarial fever. I found in every instance a grave case of malarial fever, with none of the pathognomonic symptoms of genuine typhoid fever; no rose spots, which are as characteristic of typhoid fever as the rash is in measles—no well-marked enteric disease, no sudamina, no muttering delirium, nor that peculiar expression of hebetude and listlessness so common in typhoid fever. But in many instances a grave set of symptoms, indicating more danger than in the majority of cases of typhoid fever.

Long's Mills, Tenn. J. A. LONG, M. D.

Typho-Malarial Fever.

Editor MEDICAL WORLD:

The so-called typho-malarial fever is getting to be about as well worn as that everlasting post partum bandage, but by your permission I will very briefly give my experience on the subject, and regarding its name as of far less importance than the how-to-cure-it, I shall simply call it a low grade of continued or remittent fever. As to its cause, I acknowledge, at once, what the others might as well do, I know nothing about it. Of one thing I am persuaded, however, and that is, that mal-aqua would be a better christening than malaria, for who knows anything about what is called malaria? There are many forms of bad air around us that seem not to produce any bad effect on animal life, and yet we attribute certain forms of disease to a *bad air* that we know nothing about; but we can analyze *bad water* and tell why it is bad. My experience with this fever, (and I have had my share), leads me to think it a mild form of typhoid, or if you please, a form of continued fever of a low typhoid type. I am aware that true typhoid is essentially an enteric fever, the fever being rather a symptom than the disease itself; but still the enteric symptoms differ largely in different cases of typhoid; some being obstinately constipated while others have a peculiar watery diarrhea hard to control; and just so it is with the disease now under consideration. But, as said before, theorizing about a disease is of far less importance to the physician and patient than how to cure it; if I can cure my patient I don't care if he or anybody else calls the disease cholera or the itch. One thing I do know, however, in regard to this disease, *i. e.*, that in all except very mild cases, the peculiar typhoid rash is produced. I need say nothing about the symptoms, as they are familiar to every practitioner; but the treatment is the essential point of which I would speak.

When called to a case, the first thing is to closely examine and inquire into and learn about the condition of all the organs, the general feeling of the patient, and then whether constipation or diarrhea be present. I give two or three doses, an hour or two apart, of a mild mercurial with ipecac; if the mild chloride be chosen, combining about four times as much soda-bicarb as of the mercury; then have the bowels mildly but thoroughly evacuated. If called early not much else is given till after evacuation of the bowels, which must be accomplished by magnes. sulph., or magnes. cit. or ol. ric. if the mercury does not act in six hours. Then give from first to last a combination of equal parts of quinine and antipyrine with as much ipecac as is borne without nausea, but if the fever is high, a little nausea, not to vomiting, is not objectionable. The proportion of quinine, antipyrine and ipecac are varied as the grade of fever requires, but I never give my patient a chill with one heroic dose of antipyrine and then wait for it to go off and the fever return only the higher for the chill; but given with quinine in two to four grain doses every two hours, with me it has proved an excellent febrifuge. In this, as in all fevers, I regard a moist skin as absolutely necessary, especially while giving quinine; this should be kept up by jaborandi fl. extract or pilocarpin. If fever is very high or remission slight, or none at all, the patient should have one or two baths each

Digitized by Google

day of a temperature pleasant to his feelings; or what is as good or better, wrapped from head to feet in a wet sheet for an hour or two, making him sweat pretty freely a few of the first times. Opiates should be given as needed; a Dover's powder at bed time acts well to give a night's rest, as his sleep should not be disturbed through the night to give medicine, for good sleep is then better than medicine. If delirium comes on, two or three grains camphor monobromate three or four times a day in pill or capsules will soon give quiet. Diet should be of the blandest and easiest of digestion.

But my article is already too long, and I will stop this as I must answer a request about carbuncles, as I think their general treatment, (slashing open), is cruel and all wrong. I was called to treat an old lady with a very bad carbuncle just below the nape of the neck; it had begun discharging from a half dozen or more openings before I saw it, (she had thought it only a boil), and before it got well, treated in the usual way, she suffered extreme torture for two or three weeks; and about the time it was well another began to appear just below, and so on, one after another, till four or five made it seem that she was made of carbuncles. I determined to try a plan of my own, and so soon as a spot began to get red, itch and burn, I applied a blister at once, and of the three or four after attempts not one failed to be well as soon as the blister healed. Since then I treat every incipient whitlow, carbuncle and boil the same way, and have not had one to mature where applied early. I would ask the brethren to try this and report to THE WORLD. I would add, to be effectual, the blister must be a thorough one and make free discharge from the surface.

Indianapolis, Ind. S. A. BUTTERFIELD.

Suggestive in Typhoid Fevers.

Editor MEDICAL WORLD:

Among the numerous forms of typhoid fevers, and the many valuable hints contained in your instructive journal on this prevalent disease by subscribers, as well as the remarks given by others, published in book form, has not the mode of cleansing the anus and surrounding parts in the female, particularly after voiding fecal matters, never occurred to you as pernicious, and fraught with other evils, to the vulva, vagina, uterus, &c.? I believe that enuresis and leucorrhea are due in many instances to such, as it has occurred to my patients who never had the like previous; sometimes bloody discharges.

Lately I have left instructions that the parts should be wiped, and washed at times, the reverse from the habitual custom; i. e. from front backwards, as the better and safer method of the two, particularly if we are to recognize this dangerous disease in any form as a fungus, or germ malady. Some having preconceived ideas, from established learning of the past, may raise reasonable objection to this new theory, as ephemeral from *their* facts, but ocular proofs are unquestionable under the lens of the microscope; and while we reverence the learning of yore, let us likewise embrace the new with open arms.

Bloomfield, Cal. E. MAGUIRE.

Obstetric Points.

[CONTINUED.]

Editor MEDICAL WORLD:

During the past few months there has been much discussion concerning the application of a post-partum bandage. While it is true that many recognized authorities are firm in their advocacy of this bandage, it is also true that *others*, fully as competent to pass judgment, condemn it.

Some years ago, while resident physician to one of our large hospitals, which furnished an extensive obstetric practice, I made a careful study of the results of post-partum bandaging, and my conclusions were, that this bandage was a fraud, *often* productive of harm, *always* a source of discomfort and annoyance to the patient, and never of any save imaginary benefit. A folded cloth applied flat upon the abdomen, after the method of Cazeaux, is preferable to the bandage; and even this, according to my experience, is unnecessary, except it may serve to quiet a patient's anxiety about a too flaccid abdomen. I have not used a bandage for years, and never again expect to.

I consider the administration of ergot in *every* case of labor a decidedly reprehensible practice. Meigs, Bedford and others state that in several instances ergot has been the direct cause of uterine rupture; and we know that the permanent character of the contractions produced by this drug render them very dangerous to the child when long continued. These being the facts of the case, why use it at all? One replies: "It is often necessary in the second stage to regulate and intensify insufficient expulsive force."

My experience has been that in uterine inertia large doses of the sulphate of quinine act more rapidly and certainly than ergot, and do not cause the aggravating after pains and vesical tenesmus so often produced by the latter.

Chloroform or (what I like better than pure chloroform) chloroformyl, should always be in reach of the obstetrician's hand.

Digitized by Google

To partus preparators (so-called) I decidedly object. I am firmly opposed to drugging the parturient female without *positive* indication.

I am an advocate of the obstetric forceps; proper forceps properly applied, with a knowledge of pelvic anatomy and the mechanism of labor, are never productive of harm, but serve to mitigate suffering, and assist toward rapid recovery.

For the relief of rigidity and spasmodic contraction of the cervix, an almost countless number of remedies have been recommended, one of them of about as much practical value as another. Granted, for argument's sake, that some of these much lauded remedies may *possibly* produce the effect ascribed to them, the results which it requires an unknown length of time and amount of suffering for *them* to accomplish can be achieved in a few moments by the use of warm water and the Molesworth dilator.

For puerperal convulsions I rely mainly upon the sulphate of morphia injected hypodermically, in the dose of ½ gr., and repeated if necessary. I have treated several cases in this manner, and have yet to lose my first.

For post-partum hemorrhage, washing out the uterus with hot water, and applying ice to the abdomen, has served me well, as have also the electric current and a tampon of borated cotton.

Allow me to suggest an obstetric outfit, which is not beyond the reach of the physician in *moderate* financial circumstances, and good enough for all:

Elliot's forceps (modified),	Syringe (fountain),
Tarnier's " axistraction,	Cathreters,
Placenta forceps,	Battery (Smith & Shaw),
Vectis,	Chloroform or chloramyl,
Blunt hook and crochet,	Quinine and morphine,
Scissors,	Sponges,
Molesworth dilator,	Mercuric iodide,
Hypodermic Syringe,	Oil,
Cotton, plain and borated,	Ergotine.

This outfit can be carried in a medium sized leather hand-satchel, and will furnish everything the obstetrician may require to conduct his cases to a speedy and successful issue.

Oswego, N. Y. H. L. WILDER, M. D.

Carica Papaya as a Galactagogue.

Editor MEDICAL WORLD:

To us, at least, the employment of carica papaya as a stimulant to the mammary secretion is a novelty. We are familiar with its employment as a digestive ferment, and in a recent number have alluded to the insufficiency of the experimental data on which this employment rests. Recently, the properties of this drug have been tried, and experiments were made with the liquid extract, containing not more than four per cent. of alcohol. The experiments appear to show that the mammary secretion could be stimulated in cases where the flow had commenced to fail, either by the internal administration of the drug, or by topical applications. It is even claimed that in the virgin breast it can call forth a limpid secretion, but that this effect is merely transitory. It is also been found that when administered to pregnant patients it acts as an abortifacient. Now, if any of the profession have had any further experience with this drug, I should like to hear from them. F. MATTNER.

San Francisco, Cal.

Medical Students and Medical Professors.

Editor MEDICAL WORLD:

I have had it in my mind for some time to offer something on medical students and professors of medical colleges. The editorial in the January WORLD, "Shall I take a student in my office?" revived the thought, and the following are some of the thoughts unvarnished: I believe the profession at large and the professors of our medical colleges to be wholly responsible for the "innumerable numbers" of cheap recruits to the ranks that are annually pushed into the field. Some years since I was one of a class of three hundred students attending lectures at one of our standard medical colleges. One of the professors during that term put into our hands a blank to fill out, which should indicate our literary standing; how many of us were graduates of literary colleges and held diplomas as B. S., or B. A.; and those who were not such graduates to indicate to what extent they had pursued the branches of text-book education in school or college. The result showed that most of us—not all of us—had studied grammar, arithmetic and geography. Less than the "most of us" had studied rhetoric, algebra and Latin. But few of us had completed a course in what is called a common school education, and but *seven* of us out of the three hundred were bachelors of science or art. Over one hundred of that class (the writer was not included), were graduated, and received the degree of M. D., at the close of that year; made full and honored members of pre-eminently the "learned profession," in two terms of lectures of five months each.

This same college is alive to-day, and is not a whit behind the majority of our medical colleges, either; and the "standing" of its students is but little improved.

I have an instance in my mind and know what I say to be true, of a man over forty-five years of age that graduated within the past five years from one of our reputable (?) medical

Digitized by Google

leges, who never studied any of the rudimentary branches of a common school education, never attended school, and was never under tutorship outside of school three months in his life. How did he do it? Easily enough. He had some money and "worked" the "professors." He gave one of them a horse and buggy, another a $70 microscope, courted (but never married) the sister-in-law of another, and so got through; and to-day he can't give the physiological action of three drugs in the materia medica. This same M. D. holds a certificate of the Illinois State Board of Health by reason of his "diploma" from a "reputable" medical college, and "practices" on the people of Illinois.

Too many of the profession covet the cheap notoriety of having a "student." Too often the preceptor himself is a cheap doctor and thinks it legitimate to fill up the profession with like material. He likes to gain a little notoriety with the professors of the medical college where his student is attending lectures, and the professors like to send out a large class every year to *advertise* their wonderful skill and ability; for in the estimation of the innocent student, they are, all of them, the greatest men in America in their several departments, or in the universe for that matter. Some of us with a fair foundation to start on, and three full courses of lectures, with private courses and hospital experience thrown in, followed by several years of quite extensive practice among a cultured people, with a commendable industry in the investigation and study of modern medicine, have learned that we know very little of the science and art of medicine, and we have also learned that the average college professor knows even less.

Some of us who are working in a very private way, feel that it would not be a compliment to be classed "professors." College professors are not the best practitioners by any means. There are exceptions, but the average college professor does not enjoy the *best* practice. He does not have the patronage of the best people. Some of the teachers of medicine of our country are earnest, capable, conscientious and learned men. And some, yes *many* of them, use their positions as a "trade-mark," and are flattered by the homage paid them by the inexperienced students, till they come to believe themselves to be great men.

I believe it to be true that upon no subject are the people so consummately ignorant, as of themselves and their ailments. Otherwise seven-tenths of the medical profession in America to-day, could not and would not be tolerated.

The whole profession outside of the "college professors fraternity"—we may expect no help from them—should combine to correct the monstrous abuse. It *is* monstrous. A man may often feel ashamed to be classed with the "doctors," so many of us are unworthy of a place in the "learned profession." Law, medicine and the ministry have been styled the "Three Black Graces," and in point of possibilities, in point of intellectuality, in point of greatest good to the people, medicine stands head and shoulders above the other "graces." No attainment, intellectual or moral, should entitle a man to greater distinction or higher regard among the educated, the refined, the cultured of earth, than the degree of "doctor of medicine." If the profession will combine in the really "God's service" and freeze out one half of the medical colleges, and three-fourths of the medical students, and relegate the superannuated professors, and the supernumerary students to the humbler walks of life where they belong, most of us will live to see the profession of medicine recognized by the people as the "learned profession." MEDICUS.

To Dr. Percival Hermann.

Syrupus ipecac: co (French Pharmacopœia).

℞ Ipecac root, ... ℥ j
Senna leaves, ... ℥ iij
White wine, ... Ō iss
Macerate 24 hours and filter.....
Wild thyme, ... ℥ j
Corn poppy, ... ℥ iv
Magnes: Sulph..... ℥ iij
Boiling water, ... Ō vi

Infuse 12 hours, pass through linen with expression, after that the vinous liquor and add a pint and a half of orange flower water. Filter again and add half its weight of syrup.

Dose.—℥ss to ℥j four or five times a day.

St. Hyacinthe, P. Q. P. H. BERNIER.

Editor MEDICAL WORLD:

Allow me to suggest to those of your numerous subscribers who have cases of asthma to treat, to try the following:

℞ Ex. belladonæ..... grs v
Potass iodidi..... ℥ ij ss
Chloroformi..... ℥ ij ss
Ext. valerianæ..... fℨ j
Mucilag. acaciæ..... q. s. ad f℥ vj

M. S.—One tablespoonful, to be cautiously repeated at intervals of one hour until relieved.

The above formula was obtained from Dr. Keller, of Louisville, Ky., several years ago. It affords relief more promptly than anything I have ever prescribed. THE MEDICAL WORLD is always a welcomed visitor.

Summerfield, La. WM. SELLERS, M. D.

Digitized by Google

New Prescription Blank.

Editor MEDICAL WORLD:

I read with interest the article on "prescription abuse" in the May number.

The plan of keeping your own drugs may, in the main, be an excellent one, but it necessitates on the part of the village practitioner an outlay of "cash" beyond the limit of his pocket-book, and there are other objections even more important of which shall say more by and by.

I enclose a form of prescription blank that has as few objectionable features as any I know of. It is large enough for ordinary prescriptions. Physician has copy himself. The instructions to druggists are to the point.

No..... Name.....

℞

(Space for duplicate, which the physician keeps.)

.....

E. G. TRACY, M. D. P. N. BARKER, M. D.
Office in Parson's Building, up stairs.
Canton Street, . . . Troy, Penn.

No..... Date.....188....

Name.....

℞

(Space for prescription.)

.....M. D.

It is not allowable to give a copy of, refill, or use any substitutes in this prescription, without a written order.

Now granting that the decision of the courts settles the question of "ownership," it belongs (?) to the patient, he buys (?) it. How does he buy it? Same as any other paper subject to the conditions specified in it. He can only get just what it calls for. The druggist must needs keep the original for his own protection. As to the carrying out of this plan, I have found no trouble in getting the assistance of druggists; in fact they think the plan a commendable one. It is in a measure a protection to them in that it gives them a good reason for not refilling prescriptions when they are not actually needed, and thereby being instrumental in forming habits that are injurious and soul-destroying.

The "immensity" of the subject and the limitation of mental capacity and disposition, precludes the possibility of one mind, in these days of medical advancement, acquiring that degree of knowledge and skill necessary in the diagnosis and treatment of persons in the state of disease, together with such a knowledge of pharmacy as to be able to put up medicine in a manner creditable to himself or palatable to his patients. The man who expects to become an expert in all branches of medicine has a hard struggle before him, and his future looks dark. P. N. BARKER, M. D.

Troy, Pa.

"Summer Complaint."

Editor MEDICAL WORLD:

As this is the season for "Summer Complaints," and they are receiving attention at your hands (as they should), I thought it well to add my mite to the flood of suggestions which might be serviceable to some *regular* who, like myself, can not rake together faith enough to believe in any little dose to control a large disease. When the little patient is being drained of its vitality with the discharges every fifteen or thirty minutes, to me it is hard to believe that a dose of ipicac which contains but ½ m. of the fl. ex. of the drug at most, can have any effect toward damming up such a stream. But when the cordials have failed, the chalk mixtures have disappointed, and the mother is getting nervous, and the father begins to suggest that Doctor—(the little pill man) come in and see the case with you, &c., then is about the time that the regular doctor is willing to accept any lever which will lift him out of the hands of the irregular, and save his patient and his customer. At such a crisis, if the case is an exhausting summer diarrhea, and such as would be diagnosed by doctor——as cholera infantum, but is not at all, let him call for a glass and put in fifteen or twenty drops fl. ex. ipicac, ten drops tr. aconite, ten drops tr. gelseminum, fill the glass ¾ full of water and order one teaspoonful every hour; add if you please pinus canadensis, ten drops, and go home. The next day when he comes he finds the father at work in the field, mother washing the breakfast dishes, baby taking a morning nap in the crib, and that "regular" will go home with a bug in his ear. It is said in the good book, "Great is the mystery of godliness;" and there is sowewhat of the same quality in some medicines; but before that doctor goes home he should leave a few powders to be taken dry or in milk or some water three or four times a day.

℞ Hydrargyrum metal.....gr. xv
Saccharri lactis.....℥ ij
M Divide in powders of about 2 gr. each.

He may then dismiss the patient.

Doctor, don't be crowded out from your legitimate place in the profession because you graduated at Long Island, Albany, or Michigan University.

My opinion is if we, twenty-five to forty years

Digitized by Google

ago, had had "THE WORLD" to help us, we would be wiser and better than we are to-day.

Michigan. OLD FOGY.

Herpes Zoster.

Editor MEDICAL WORLD:

On page 180 of the June number of the MEDICAL WORLD, Dr. Humphrey, of Fairbury, Neb., describes a case of herpes zoster, which you advise him to treat by "blister" and "strychnine." Pardon me for asking you to reconsider your advice to my worthy but unknown brother, and to direct his attention to the condition of his patient's internal organs of generation, and to the manner in which she gets through her recurring menstrual fluxes. If the cervical canal of the uterus is too narrow—stenosis—let him dilate it gently a few days before the appearance of the catamania, and paint the os cervix and upper part of the vagina with tincture of iodine. Suggest the propriety of regulating the bowels with a saline aperient during the menstrual intervals, and of administering one teaspoonful of tincture of guaiacum in a teacupful of hot milk every night at bedtime, for three days before, and during the continuance of the menstrual flux. The guaiacum should be *dropped* into the milk, and each drop stirred briskly with a spoon to cause it to mix thoroughly with the milk. He should direct hot flax-seed tea and laudanum injections *per vaginum*, and have an iodoform suppository inserted into the rectum every night until relief is obtained. If a blister is applied at all, it should be *over the left ovary*. To the eruption a lead and laudanum lotion would best allay the pain and irritaton of the eruption. If a tonic is given, it should be in the form of quinine, from five to ten grains every morning for three or four days before the expected appearance of the eruption. If there is a tendency to chronicity small doses of Fowler's Solution should be given for some time; or, what is pleasanter to take, a lively and vigorous young husband. The affection is no doubt a sympathetic neurosis; the "*fond et origo malet*" existing in the ovaries and uterus, and by reflex nervous action, through the ovarian and uterine plexuses, disturbing the nutrition of the part affected by the eruption. I should be glad to hear further from the case through the medium of your interesting and instructive periodical.

St. Catharines, Ont., Canada. E. GOODMAN, M. D.

[To this we may add that the physician need not confine his attention exclusively to the organs of generation, but may search for a cause of reflex irritation in all the organs of the body. Whatever the cause may be, it should receive the appropriate treatment. But if no such cause be found, if it prove to be a neuralgia, pure and simple, as may well be the case, he will find no remedy equal to strychnine as a preventive, no local application equal to a blister; or else his experience will differ with our own. But we don't presume to set up our own word as final. It is very likely that others may fail with strychnine where we would succeed; and that they succeed with other remedies, which we have not become accustomed to, and hence could not use as skilfully.—EDS.]

"Side Shows."

Editor MEDICAL WORLD:

I was much interested in your remarks about "side shows" in THE WORLD for Juue. It is highly important that physicians should cultivate all their faculties. A man who has a knowledge of medicine but nothing else, cannot be a good physician, because his mind is not symmetrically developed, and he will be narrow in his views and deficient in judgment. A physician should be a *man*, not merely a machine for practicing medicine. The brilliant records which physicians have made in the annals of general science, literature and statesmanship, show that the profession is not a narrow one, although the mass of it is far from being up to an ideal standard. There is one field of learning to which physicians as a class pay too little attention, as it is of great practical interest to them. I refer to what is now expressed by the term sociology, including political economy. It is of importance to the medical profession, because the sociological, conditions affecting physicians are changing, and changing for the worse in the important matter of compensation and social standing. My conclusion, after a somewhat careful study of the subject extending over several years, is that the tendency of our present civilization is to lower the average compensation of phyicians, and detract from their social importance. A hasty judgment from isolated facts might give the opposite impression, but I think that a careful survey of the whole field and observation of the trend of our civilization as a whole, indicates that the case is as I have stated. If my conclusion is wrong, I will be only too happy to be convinced of my error. My limited space makes it impossible for me to give the grounds of my conclusion. I can only refer to the fact that where our civilization is the most fully developed the compensation and social standing of physicians are lowest, although at the same place the standard of qualification is highest. The average compensation of physicians is lower in Germany than in England,

Digitized by Google

lower in England than in the eastern part of the United States, lower in the Eastern States than in the Western. Coming from Western Pennsylvania to New Jersey, the change is quite perceptible. The subject is of practical interest because the forces which are driving society in this, for us, uncomfortable direction, can be counteracted by proper measures. Outside of the medical profession, sociological questions are attracting great attention, and physicians should wake up to the importance of the subject, and qualify themselves to wield the immense influence they may have in the settlement of the questions involved. In examining this subject physicians must not forget that their interests are with the *masses*, because it is a law of political economy that the wages of the lowest class of unskilled labor are the standard which gauges the price paid to skilled labor, and as the wages of the lowest class of unskilled labor go up or down, so also will the wages of skilled labor and professional fees. Our pecuniary interets are identified with the prosperity of the masses. Where the rich are *very* rich and *few*, and where, at the same time, the poor are *very* poor and *numerous*, there doctors fare the worst.

To physicians in search of a "side show," I commend this subject; but do not take your social science at second hand from the newspapers; go to the masters. As Americans we should go first to De Toqueville. Read Carlyle, Ruskin, Emerson, Mill, Spencer, Henry George. Then there is Bagshot, Atkinson, Walker, Strong, and numerous others. Of historians, Hallam, Draper, Guizot, Macauley, Green, etc. No one need be at a loss for material, and in this connection, you will do your readers a great favor by referring them to John B. Alden, publisher, of New York, a gentleman who has done a great deal for men with a small bank account and a large appetite for good books.

As I am a new subscriber, I cannot refrain from telling you how delighted I am with THE MEDICAL WORLD. Your determination to keep it a monthly is another evidence of your knowledge of what a medical journal should be. Is not the secret of THE WORLD'S popularity the fact that it is the most truly *American* medical journal published?

DAVID P. JACKSON, M. D.
Lebanon, N. J.

[To us there is no more fascinating class of studies than those above referred to. J. B. Alden's books are good and cheap; and physicians will do well to send to him for a catalogue of his publications. His address is 393 Pearl St., N. Y. Better refer to this article.—ED.]

"Comments on a Rectal Case."

Editor MEDICAL WORLD:

On page 175 of June number of MEDICAL WORLD there is a report of a rectal case upon which I wish to say a few words. The writer, when consulted about the case reported, very wisely refused to prescribe for the patient without seeing him. Upon examination it was discovered that the patient suffered from a rather rare disease of the rectum, viz: a foreign body in the rectum. As foreign bodies in the rectum are not encountered often, I dare say that Dr. Taylor had not the least idea what he was to find when he arrived at the bedside of his patient. In the report of 4000 cases of rectal diseases by Dr. Allingham, he only found five cases of foreign bodies in the rectum. From this case there are some lessons we may draw. They are applicable to practice in general, but more particularly to diseases of the rectum.

1st. We should never prescribe for a case of any kind (simple as it may seem) without first making a thorough examination of our patient. Experience has taught us that we cannot rely on the mere statements of our patients, although they may be given in good faith. Patients do not generally observe the (apparently to them) minor details of their case, and we must remember that these often go a great ways in making a correct diagnosis.

2d. The laity (almost without exception) call all cases of rectal diseases "piles." There is nothing that tends more to bring the profession into disrepute than for the surgeon to take for granted that the sufferer from a rectal disease is surely a victim of piles, and blindly attempt to treat the case with ointments and purgatives as is too often done, bad practice as it is. Statistics show that fistula in ano is as common at least in hospital practice as are hemorrhoids. Besides there are more than a score of other maladies that affect the rectum.

W. WAUGH MCCLEARY, M.D.
1208 Chestnut St., Phila.

Dr. Boyden's Case.

Editor MEDICAL WORLD:

I take the liberty to make a few comments on the case of eclampsia reported by W. A. Boyden.

I hope the Doctor will pardon me for expressing so plainly my opinion of his treatment of this unfortunate woman in those 72 hours of peril. In the first place I very much approve of the doses of quinia and the "small inhalations of chloroform to quiet her restlessness" in the first stage of labor, but do not think he should have stopped the use of the chloroform until the second stage of labor was complete.

Digitized by Google

He says: "In a short space of time she had the third, fourth and fifth convulsion," and yet he does not mention a single thing he did for the woman except to send for Dr. Martin.

Here he seems to have forgotten that blood-letting would serve to lessen the tendency to uremic convulsions, or that bromide of potassium and hydrate of chloral, in large and frequently repeated doses, in connection with the inhalation of chloroform would have warded off those dreadful convulsions.

He says that neither he nor Dr. Martin had any ergot. This, I think, was very fortunate for the woman under those circumstances; for the use of ergot would not have been advisable until the second stage of labor was about at an end.

1st. I think the child would have been delivered alive, if the forceps had been used in time; but this question I leave for others who are more fond of debate. 2d. I cannot see how the introduction of forceps would have caused any irritation whatever to a woman who should have been under the influence of chloroform. 3d. I cannot say that I know what caused the death of the child, but I do think it might have been prevented by the treatment I have just given. The Doctor's patient must have been made of goose-neck and whalebone, or else she would have died when her life "hung by a slender cord over the cold waves of Jordan," as he so beautifully expressed it.

Raywick, Ky. D. W. GADDIE, M. D.

Report of Dr. Carrahey's Case.

Editor MEDICAL WORLD:

In my article to the WORLD on a case of biliary culculi, which appeared in the May number, I promised to give the results of the postmortem.

I found the kidneys sound. The tumor in the region of the womb turned out to be a displaced spleen, weight, 3 pound 5 ounces. The gall bladder was entirely empty of bile, very small, walls very thick and containing a calculus about the size of a small marble, weighing between ten and twelve grains. The cystic duct contained a little mucus. In giving her history, I forgot to say that she lived in a very malarious region, and that two years previous to her death, I attended her in a prolonged attack of malarial fever.

Potomac, Md. J. V. CARRAHEY, M. D.

Could Anything Have Saved Him?

Editor MEDICAL WORLD:

Six weeks since I was called in great haste at 5.30 P. M. to see a boy aged six that had been injured by a vicious mule. Will give you the father's words: "I was about a hundred yards from the mule when I saw him start for the child with ears laid back. He reared and came down with one or both hoofs on top of his head, knocking him down but not rendering him unconscious. He then jumped up and down on him three times with both feet, like a deer would a snake, over the bowels, then passed over him, gave him a kick in the side that I thought caused him to slide ten feet on the ground, but you see it was only five feet at most from where he fell to where I picked him up here. (We were at the place of the accident). This took place while I was running to his assistance. I picked him up, still conscious, carried him into the house and found a lump on the head and one over the navel as large as a hen egg. I then went for you."

I found him, nearly an hour after the accident, with temperature normal, pulse rapid, and full; pupils would dilate, or contract, as eyes closed or not. Threw up a couple or so mouthfuls of acid smelling, partially digested, contents of stomach; no nausea after that. Ears, nose, extremities and breath *cold*. Calling for water. Respirations hurried and mostly thoracic. I stripped and examined him, and found no bones injured. On the left side over the floating ribs I found a bruise that showed just half the imprint of the mule's foot, and the abrasion showed it to be a glancing lick; no other bruises to be found, and the lump over navel gone. Much soreness and pain over bowels. Fretted to be left at rest. I ordered turpentine, with cloths wrung from hot water, applied over the bruise and sore spots on the body. Left morphine to be given. Gave instructions to be carried out should convulsions come on, for I expected them before the *finale*, but none came. He was perfectly conscious at death, at 4 A. M., (about twelve or fourteen hours after the injury). Did not get an autopsy, but, to use the language of those who dressed the body, "he was *blue* over the bowels, left side, and back, with a bruise in the left groin." I diagnosed internal injuries, to the bowels and spleen the most grave. Could *anything* have saved him? Would a *purge* of *any kind* have done any good? Even an enema? A *motive for the last question*, at some future time, I *may* give, so please answer. Have been in the field only a short time, (eighteen months), so am none too old to appreciate your advice. Ask the brotherhood to give me the benefit of their views. If you think I need overhauling don't hesitate to take off your gloves; may be the making of me in the future. One good man here of fifty years

Digitized by Google

experience in the "art curative" said, "Plenty of morphine and let him die easy." I have already and expect yet to pick up many good and wholesome morsels from the table of knowledge served to us by THE MEDICAL WORLD.

Let me have your practical ideas on the subject above.

Hickory Plains, Ark. D. U. D.

[In such a case as the above, *never* disturb the bowels in any way.—ED.]

Neuralgia.

Editor MEDICAL WORLD:

If R. C. McCann, M. D. (June, page 182), will put his patient upon the following treatment she will get well:

Have her use one gallon of hot water as an injection every night for eight weeks, between the catamenia. Apply the Faradic current to the womb five minutes, twice weekly, for twelve weeks. Have her take a morning bath of cool water, rubbing the skin dry afterward with a coarse bathing towel. Use a concentrated but nutritious diet, as eggs (soft boiled), milk, oat meal, soups, etc. She should abstain from coffee or tea, but should use an ounce of claret twice daily, with the following medication:

℞ Fl. Ext. golden seal.
Dose, 5 to 10 drops in tablespoonful of hot water before meals ter die.

And

℞ Elix. phosph., iron, quin. and strych.
Dose, one teaspoonful three times a day, half an hour after meals.

If the patient's bowels are constipated, give an aloin and belladonna parvule night and morning. W. J. OWSLEY, M. D.

Darlington, Ind.

Neuralgia.

Editor MEDICAL WORLD:

In reply to Dr. McCann, of Benton, Miss., who asks for some suggestions regarding a distressing case of facial neuralgia of uterine origin, I would suggest a digital, and, if necessary, instrumental examination of the cervix uteri, to ascertain if cervical stenosis exists, or congestion of a passive or active character. First, remedy this by dilatation and the use of a leech or two just before the menstrual period. I usually scarify the cervix slightly and apply the leeches by taking hold of their bodies between the blades of a speculum forceps, and bringing their heads in contact with the bleeding point. They usually take hold at once. As soon as they are full remove them with the forceps and apply hot water through the medium of absorbent cotton well saturated with it. The Doctor might give with advantage, for three days before the menses are due, eight or ten grains of quinine every morning, and one teaspoonful of tincture of guaicum in a cupful of hot milk at bed-time. As a tonic I would recommend a preparation of Johnson's fluid extract of beef, with good sound Port wine and pyro-phosphate of iron. For the pain, saturate a piece of lint with chloroform, place it over the painful part, cover it with oiled silk, and place a handerchief or towel over the silk. A powder containing ten grains of salicylate of soda and a grain of codeia should be given every two or three hours if the pain persists. This method has answered in my hands. I hope it will with Dr. McCann.

St. Catharine, Ont. E. GOODMAN, M. D.

Malposition of the Heart.

Editor MEDICAL WORLD:

In the early part of May I was called in to see a boy between seven and eight years of age. He had had measles in December '86, which left him with a cough. Examining the chest, I found the heart on the right side of the sternum, apex beat below and to the inner side of right nipple. The area of the heart's dullness on right side between the nipple and end of sternum. A large cavity was detected in upper portion of left lung. Resonance impaired over lower part of lung—no *flatness*. Amphoric breathing heard over upper part of left lung, indicating absence of pus and firm walls. The right lung percussion note dull, vesicular murmur impaired expiratory sound prolonged and blowing. Child died July 4th.

POST-MORTEM EXAMINATION

Eleven hours after death the thorax was opened. Left lung almost entirely destroyed and the cavity three-fourths full of pus. The right lung was a cheesy looking mass, slight pleural adhesions. The pericardium had its attachments on the right side. It is a question among some of the physicians who saw the case whether the heart was pushed to the right side or not. But six weeks before death, before the effusion took place, the apex beat was found below and to the inner side of *right* nipple. Is there a doubt that the malposition was congenital? ANNIE L. ALEXANDER, M. D.

Charlotte, N. C.

Ergot.

Editor MEDICAL WORLD:

The May issue of THE WORLD, my first, contains two short articles on obstetrics, as well as an abundance of other highly interesting and instructive matter.

I wish to comment particularly on that which refers to the lying-in woman.

After twelve years of practice, observation and reading, I am convinced that the progress

Digitized by Google

in the obstetric art has been of a retrograde kind.

I honestly believe that the occupation of the gynecologist, as far as it relates to the parturient woman, would be gone, if it were not for the indiscreet and almost criminal use of our modern improvements.

Laceration of the perineum and the uterine cervix, in the vast majority of cases, are due to the heartless and ignorant management of those who are employed to help the suffering woman. The routine dose of concentrated ergot, which as one of your interesting correspondents says is so uncertain, precarious, in its action, in one acts with the most alarming energy, in another not at all, in a third produces the most ferocious pains. Let it be remembered, when it does act, it will do *one* of two things with a *positive certainty:* when given, without accertaining before hand that the head is well down, the parts patulous, moist and elastic, in other words "that the track is clear," when this condition is not present, it will force the infant through *nolens volens*, making a furrow through the curve of *carns*, commencing with a rip in the uterine neck, and as the infant reaches the world, making another rent into and often through the perineum to the rectum. Can it be wondered at then, my brethren, that in modern times the woman with child looks with so much alarming apprehension on the advent of labor?

It has a place, but remember that remedies are for the sick; and that with rare exception there is no element in ordinary labor which can be considered abnormal. Reserve the drug then for hemorrhage, actual or threatened, and do not give it for any purpose other than this, and uterine inertia. Do not beguile yourself that you are doing a harmless thing when you wish to *save time*, perchance go home to attend your office calls, make visits, or get to bed.

I believe that many an infant's health is crippled for life by the terrible force exerted on its feeble frame through the action of ergot; and what about the poor mother? I say poor, in its financial sense, for the poor do the main part of child-bearing. What of the consequences entailed through the ignorant or cruel action of her deliverer? The work of a few moments may make her life one of wretchedness to the end of her days.

If we feel that labor may be safely accelerated, then there is something which the old women are fond of giving when they think labor is at hand, (and did it ever strike many of you the sort of instinctive way they have of knowing when labor commences or when it is near its end?) which I never knew work harm, and it wonderfully facilitates child-birth. I refer to that old cure-all, castor oil. I give an ounce when it can be borne, and give it in any stage of labor, provided I have reason for thinking it may be protracted. Just before the intestines respond we will get lively uterine contraction.

THOMAS H. MANLEY, M. D.
382 W. 53d st., New York.

A Case of Placenta Previa with Inquiries.

Editor MEDICAL WORLD:

On the morning of Sept. 30th, 1886, I was hurriedly sent for to see Mrs. J., who lived some six miles in the country. On the way I learned from the messenger that she had had a severe chill the night before. Further than this he knew nothing of the case. I arrived at about five o'clock in the morning. Found my patient breathing hurriedly, and pulse barely perceptible at the wrist. Her husband informed me that his wife was about five months pregnant, and had been having slight hemorrhages for some two or three months, necessitating the daily use of ergot to control it. She had retired the night before as usual, but was taken with a severe chill soon afterward. The chill was very severe and lasted two or three hours. After the chill was over she began to breathe rapidly, and also to flood considerably. Friends gave large doses of ergot, which soon checked the flow, but not till the blood had escaped in such quantities as to saturate bed and bed-clothing, flowing through them onto the floor.

Upon examination I found the os dilated and the placenta presenting. Pushing my finger through the placenta, which was easily accomplished on account of its decomposed condition, I found a transverse presentation. What was I to do? Here was a woman, in an almost, if not quite, dying condition, with placenta previa, and a five month's fœtus crossways in her womb. I could see nothing else to be done but to turn and deliver as soon as possible.

This I determined to do. So anointing my hand, I introduced it into the vagina and pushed three fingers past the placenta. After some manipulating, I seized the feet and brought them down. After this, delivery was easily accomplished. Both placenta and child were very much decomposed. I began to think that after all my patient would pull through. But you can imagine my surprise when only a few moments afterwards, placing my hand over the uterus I found it larger than before delivery. It then flashed over me that concealed hemorrhage was taking place, and in

Digitized by Google

spite of stimulants, ergot, turing out clots, &c., she rapidly sank and died.

My inquiries are then: First, what caused the chill? Was there septic poisoning? Second, was my treatment proper? If not, what would have been the proper treatment? Let some of the old brothers give us their views upon placenta previa, and concealed uterine hemorrhage. R. K. MEDARIS, M. D.

Clinton, Tenn., July 11th, 1887.

Dr. Seiler is now in Europe. The "Electro-Therapeutical Department" will be resumed next month.

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

A Peculiar Form of Dyspepsia.

Editor MEDICAL WORLD:

Your monthly is always greeted with pleasure and read with interest. We country M. D.s often tire of thinking our own thoughts about our cases, and are glad to hear what others in like situation are thinking and doing. So brother doctors, let us still hear from you on every-day medicine and therapeutics. Scarcely a single drug but some one will find a new therapeutic value attaching to it. The proper method and time of administering are important factors of success in practice.

Let me ask advice in a case of chronic dyspepsia, dating from 1881.

The case was first marked by severe gastrodynia, vomiting of food six to eight hours after ingestion, a frothy fermenting acid chyme, constipation more or less all the while; loss of flesh, but never anorexia; no tenderness on epigastrium; no microscopical examination of contents of stomach, but probably sarcinæ; these symptoms in a minor degree still continue. The patient can eat and digest a simple breakfast, and then must wait till evening for next meal. If the dinner meal is taken it is usually vomited; can't tolerate vegetables of any kind.

Bismuth, soda and nux vomica have relieved; various methods of medication, tonics, aperients, etc., together with washing out the stomach, have been tried, with but partial relief; nothing curative.

The patient is your humble writer. If you can throw out any hints or suggest anything in his behalf he will be under lasting obligations.

St. Joseph, La. I. E. SLICER.

[The Doctor's description of his trouble is certainly graphic. We should recommend a trial of the following:

℞. Extracti rhei fluidi.....f℥iij
Vini ipecacuanhæ.....f℥ij
Potassii carbonatis.....℥ij
Aquæ.....q. s., ad....f℥iij.

M. S. One teaspoonful in a cupfull of *hot* water one hour before meals.

℞. Extracti hydrastis fluidi,
Extracti eucalypti fluidi,....ää....f℥jss.

M. S. One teaspoonful in three teaspoonfuls of water a few minutes before meals. Decrease the quantity of water as the mucous membrane of the stomach becomes strong enough to stand a more concentrated solution.

Eat meals dry. Use malt extract to digest vegetables.—ED.]

Santonine Poisoning?

Editor MEDICAL WORLD:

I am accustomed to using santonine in two grain doses, repeated two or three times, followed by a dose of castor oil, for the destruction of *ascaris lumbricbides*.

I never had any difficulty with this remedy until about four years ago. In treating my own five year old son, after the third dose of santonine he was seized with a convulsion, which I attributed to irritation of the worms. Dr. Butin, of Dorchester, Neb., visiting me at the time, concurred in my opinion. We gave him ℥ iij of castor oil, after which he had two more convulsive seizures. Within thirty minutes after taking the oil he expelled thirteen live worms.

I have administered santonine in perhaps one hundred and fifty cases since, and have had no difficulty except in one or two instances, objects appearing yellow to the patient, the symptom soon passing off.

Did the santonine or (as I believe) the worms cause the convulsions?

Newton, Iowa. M. R. HAMMER, M. D.

Hemorrhagic Diathesis.

Editor MEDICAL WORLD:

I have a family under my care, who are disposed to bleed to death on any and all occasions offered, no matter how slight the wound; if the skin is merely scratched, severe hemorhage follows.

About two weeks ago one of the children scratched the lower lip on a pin, and up to this time I have been unable to stop the flow of blood longer than a few hours at a time. Have cauterized the wound, and used all known remedies locally, but to no purpose. As soon as the blood stops flowing the parts begin to swell, and when the part becomes full of blood it will start to bleeding and keep it up until the swelling is all out, when the same thing is repeated again; compresses do no good. There are four children in the family, and the same trouble effects each one. Neither of the parents was ever affected in a similar way.

Digitized by Google

What is the trouble and what is the treatment? J. R. WELCH, M. D.

Spencerville, Ohio.

[Probably strychnine, ergot, and sulphuric acid would assist in stopping the flow. To correct the diathesis, strengthen the tissues by a long administration of the lacto-phosphate of lime. Avoid iron. Reduce the amount of liquids in food to the smallest quantity.—ED.]

Editor MEDICAL WORLD:

Will you or some one of the many readers of THE WORLD please give me diagnosis and treatment for the following case: A boy, aged seven years, apparently stout and healthy, but slightly deformed, his right side being considerably larger than his left. Was called to see him July 26, 1886; found him with a temperature of 102°; bowels constipated; an eruption on his lower left limb extending from ankle to within three or four inches above the knee. Diagnosed erysipelas, and treated for same with good results. Called again February 7, 1887, and found the same trouble; treatment same. Trouble settled in the knee, presumably from a kick on the knee from a playmate, after partial recovery, which resulted in synovitis; recovery good. To-day, July 8, 1887, called again. Found same symptoms. Eruption commences with the appearance of slightly prominent livid patches; redness disappears on pressure, to return immediately on removal of pressure. The patches rapidly coalesce to form large ones, with occasionally a patch of normal skin. Trouble always preceded by a chill; was diagnosed poison by an M. D. before I treated it. J. A. BUNDY.

Claytonville, Ill.

Editor MEDICAL WORLD:

What is supposed to be the cause of the burning in the palms of the hands and in the soles of the feet of which some sick persons complain so much? What is the treatment?

New York. J.

Spermatorrhœa.

Editor MEDICAL WORLD:

I would be pleased to have your's and the medical brotherhood's opinion on a patient suffering from these symptoms, viz: Came to me two months ago, suffering from spermatorrhea; semen flowing from him every night during sleep, without voluptuous dreams. Also, complaining of a drowsy or blank feeling coming on from the morning meal until the middle of the forenoon, and the same after dinner, that is impossible to resist. These blank feelings do not trouble him when he is at a work that requires the using of all the muscles; for instance in plowing corn where he just walks along, he is troubled with it. Have succeeded in overcoming the spermatorrhea, which was caused from masturbation. It has been a year since he quit masturbating, and the spermatorrhea and dazed feeling have troubled him ever since. Can you suggest an effective treatment for the abnormal condition of brain? The MEDICAL WORLD is just *the* journal.

Woodland, Ill. J. C. MOLLYNEAUX, M. D.

[Prolonged hours of sleep. Cheerful society. Exploring the urethra with "bullet" sound for any patch of sub-acute inflammation, and the passage of steel bougie three times a week to reduce any such sensitive patches found there. Daily, or perhaps less frequently, cool baths.—ED].

Dr. Darnell, of Grand Saline, Texas, asks for treatment for tetter on the scalp, and also for scabies, or itch. He also wishes the readers of the WORLD to express their views in regard to the advisability of using counter-extension in fracture of long bones.

Editor MEDICAL WORLD:

I have a patient about 49 years old that always has singing in the ear. I have tried all remedies I could think of; would you be kind enough and let me know what treatment I should use? OSCAR PRINGLE, M.D.

Pittsburgh, Pa.

Editor MEDICAL WORLD:

Please inform me what object is to be gained by putting bicarbonate of soda or potassa into a prescription for dyspepsia to be taken after meals. I notice many of the prescriptions from eminent physicians order an alkali to be taken after meals. I suppose the idea is to neutralize acidity. But will it not neutralize the gastric juice? Or do they say some words over it to prevent it from affecting the gastric juice?

Lewistown, Pa. A. B. KNIGHTED.

Editor MEDICAL WORLD:

A safe and reliable course of treatment wanted. Patient a lady thirty-four years old, weighs eighty pounds; when eighteen she weighed 100. Is the mother of six children. She has been suffering from leucorrhea about six years. The discharge varies in color, being white at times, again greenish, at other times yellow or light brown. Constitution impaired and almost exhausted; flesh soft; breasts considerably diminished in size; pulse small and frequent; feet and ankles swell and are always cold; menstrual discharge about right; obstinate constipation, with very poor appetite. Let us hear from some one older and wiser than I am.

Dufur, Oregon. L. M. CONEY.

Digitized by Google

Editor MEDICAL WORLD:

Will some medical brother kindly tell me through the columns of the WORLD what I can do to relieve a case of tobacco amaurosis of a year's standing. The case has been treated by strychnia injections, electricity, tonics and spinal douche. There is considerable general nervous disturbance, and at times eructations of gas from the stomach which cause great distress. J. S. JARVIS.

Syracuse, N. Y.

Editor MEDICAL WORLD:

Will you please inform me what agents I can use in my office that will constantly give off an antiseptic and agreeable odor?

Dundee, N. Y. J. M. OVENSHIRE, D. D. S.

A Request.

Editor MEDICAL WORLD:

Can you or any of your readers send me a few seed of the chelidonium major, common name tetterwort, or great celandine? If any of the household will send me seeds now or this fall, I will be everlastingly obliged. I want to test chelidonium in trachoma. I do not know the plant. If some of your readers do, will they please mail me a sample—entire plant? I will return postage. Some day I will tell your readers what I know about trachoma.

LYNN W. HENDERSHOTT, B. A., M. D.

Mill Shoals, Ill.

Amenorrhea.

Editor MEDICAL WORLD:

I have a case of amenorrhea for which I have tried all the usual remedies, such as sitz bath, injections of hot water in vagina, iron and aloes, fl. ext. pulsatilla and permanganate of potassium, all without success. The girl is seventeen years old, well grown, in good health and to all appearances in healthy condition. Never menstruated but once. I would like to have your opinion and that of brethren on it. Would like to correspond with some of the brethren who have books or instruments for sale or exchange. The WORLD contains more real information than any other journal I take. Long may it continue to prosper and be of service to the profession. L. A. DRAKE.

Lanexa, Va.

[Let the girl alone as long as she enjoys good health.—ED.]

Editor MEDICAL WORLD:

Please ask the brothers if they know of anything that will cure or ameliorate the "heaves" in a horse. Or what would be still better, to give the pathological character of the difficulty.

And oblige one who wouldn't be without the WORLD "for the world." J. A. M. RINSTRY.

Editor MEDICAL WORLD:

Can you or some of your readers give formula for Hamlin's Wizard Oil, said to be put up in Chicago and Toronto?

The MEDICAL WORLD is practically the best journal I have seen. H. E. M.

Bedford, P. Q.

[Refer to back numbers. We have published this formula a number of times.—ED.]

Formulas Asked For.

The formulas for the following nostrums are called for:

Dr. H. G. Root's "Elepizone."

Dr. Phillip Burns' "Restorative," etc.

Dr. Duquen's Female Garden Pills.

Dr. Wm. Gregg's Constitution Water.

Golden Specific for the liquor habit.

For Warner's Safe Kidney Cure, see Feb. and April, 1886.

FORMULAS.

Some Valuable Fever Mixtures.

FOR ADULTS.

℞ Potassii citratis.....gr. ij
Spiritus etherris nitrosi.....
Syrupi limouis.....āā.....♏ x
Liquoris ammoniæ acetatis, q. s. ad. ℥ j

M. S.—One dose. Repeat every two or three hours. Proportioned to child two years of age.

℞ Potassii citratis.....gr. iij
Potassii bicarbonatis.....gr. ij
Lympi limonis.....℥ ss
Aquæ q. s.....ad....℥ j

M. S.—One dose for child one year old.

FOR CHILDREN.

W. S. GROSS' FEVER MIXTURE.

℞ Morphinæ sulphatis.....gr. 1/16
Tincturæ aconiti radicis.....gtt. ij
Spiritus etheris nitrosi.....℥ j
Liquoris potassii citratis
(vel liquoris ammoniæ acetatis)...℥ ss

M. S.—One dose. To be repeated every three, four or five hours.

℞ Spiritus etheris nitrosi.....
Spiritus chloroformi.....
Liquoris ammonii acetatis..āā partes equales

M. S.—One teaspoonful every hour.

℞ Sodii bromidi.....gr. v
Tincturæ aconiti radicis.....♏ ij
Liq. potass. cit. q. s. .....ad..℥ ss

M. S.—One dose. Repeat every three or four hours.

℞ Acidi hydrochlorici diluti.....℥ ss
Spiritus etheris comp.....℥ jss
Syrupi rosæ.....℥ ss
Aquæ camphoræ q. s. ad.....℥ iv

M. S.—One to four teaspoonfuls, according to age, every six hours.

Dr. Fred. A. A. Smith, of England, treats gleet with the following application:

Digitized by Google

℞ Acidi nitrici diluti.....mx v
Decocti chinchonæ flavæ.....f ʒj
S.—Use as injection, t. i. d.

As a substitute for cod liver oil, Trousseaux, the *Ther. Gaz.*, recommends:

Potass. iodid..... 1
Potass. bromid..... 4
Soda chlorat..... 80
Fresh butter.....300

Which is to be used the same as butter on bread, and will be readily eaten by children.

REVIEWS.

A little book before us gives the splendid results obtained from eucalyptol at the clinics of the universities at Bonn and Greifswald. You can get this book free by writing to Dr. Sander, Dillon, Iowa, and mentioning this notice.

PELVIC INFLAMMATIONS. By Thomas Addis Emmet.

This great gynecologist sounds a note of warning against the tendency of the day to operate over-much, and to treat the local conditions too actively, and with too little thought of the pathological state.

It is a strong plea, and should be read and pondered over by every thoughtful man. The deliberate judgment of one who looks back over the great experience of Emmet's busy life, is well worth the small trouble of sending for this pamphlet.

PRESCRIPTION WRITING. By C. H. May, M. D., N. Y.

OBSTETRICAL HERESIES, S. F. Starley, M. D., Tyler, Texas.

CAUSES OF STERILITY. E. H. Grandin, M. D., N. Y.

ELEMENTARY MICROSCOPICAL TECHNOLOGY. Part I. By Frank L. James, M. D.

This book is described on the title page as "The Technical History of a Slide, from the crude Materials to the finished Mount." It gives in clear and explicit terms, full directions as to the preparation of objects for microscopic study. In these days, when the microscope is a necessary part of every physician's outfit, such works are of equal necessity; while the advances in the art require a constant production of new books. We do not see how anything could be more plain and practical, or, more complete, than the book before us. The only omission we have observed is that the publisher has forgotten to tell us the price.

With this comes naturally the pamphlet on BACTERIOLOGY, by Satterthwaite; the latest number of the Leisure Library, Geo. S. Davis, Detroit. This is another of the books which one *must* have, to keep up to the times. Price 25 cents.

Another Detroit publishing house, D. O. Haynes & Co., send us Hugo Erichsen's CREMATION OF THE DEAD. This is one of the customs of ancient Rome, to which, like the so-called Turkish bath, modern civilization is gradually working up. It is a question of the day; and he who desires to know the history of this subject, will find it in this little book. Price, $2.00.

MANUAL OF DIFFERENTIAL MEDICAL DIAGNOSIS. By C. W. CUTLER, M. S., M. D., New York. G. P. Putnam's Sons.

This contains in the form of a series of tables, a complete system of diagnosis; in 161 duodecimo pages. A very useful work, without an unnecessary word; giving the busy doctor just what he wants to know, and in the way he can get at it most quickly.

EARTH AS A TOPICAL APPLICATION IN SURGERY. By Addinell Hewson, M. D. Published by The Medical Register Co., Phila.

If one wishes to know all about the uses of earth as a surgical dressing, he will find it here depicted, by the hand of the man who has used this dressing more than any other.

The work shows that graceful diction in which few can equal Dr. Hewson. He is an enthusiast upon this subject, and yet, when we read his book we feel that he has reason to be enthusiastic.

To the country physician, who cannot at all times have at hand the most costly dressings, it is of importance to know how and in what cases earth may be utilized in local treatment.

NATURAL LAW IN THE BUSINESS WORLD. By Henry Wood. Lee & Shepard, Boston: 222 pages, nicely bound in cloth, 75 cents.

After a careful reading, we pronounce this a great book. If it were introduced as a text book in our schools and colleges, it would do away with strikes among the coming generation. The author does not discuss any particular business, but discusses the principles that govern the business world in general. The natural laws which he emphasizes are the laws of supply and demand and of free competition. He shows conclusively that these laws *will* govern in the business world in spite of strikes, labor unions, wealthy corporations, or acts of the legislature. Prices of all commodities are determined absolutely by the laws of supply and demand, and no human device has yet been discovered that can vary them for any length of time. "The world is full of things to be done, and labor is, therefore, the most staple of all commodities." Its price and value are determined by natural law. It will sell for what it is worth, and no more nor less. He shows that large corporations and aggregations of wealth are not injurious to the public, but that on the contrary they render better service and at cheaper rates than smaller concerns can. We commend the book to every thoughtful citizen.

SPECIAL NOTICES.

See *prices* of improved elastic trusses.

Always give your opinion of THE WORLD.

See Dr. Willis H. Davis' list of instruments in this issue.

Hastings Truss Company for uterine supporters. See new advertisement.

If you haven't received a sample of Lactated Food yet, it is your own fault.

When your patients need a *perfect* general tonic, prescribe Fellows' Hypophosphites.

Isn't Iron Alum Mass an excellent thing? See advertisement and send for treatise.

Send for a sample of Jensen's Pepsin, if you have not used it, and you will use it always.

Be sure to send to B. Keith & Co. for revised and enlarged manual. See advertisement.

Send for announcement of the Central College of Physicians and Surgeons, Indianapolis.

(*Continued on page* xx.)

Digitized by Google

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.
These rates must be paid *invariably in advance.*

Notice is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

☞ Pay no money to agents for this journal unless publisher's receipt is given.

C. F. TAYLOR, M. D.,
LOUIS LEWIS, M. D., M. R. C. S., (Eng.) } EDITORS.
J. J. TAYLOR, M. D.,

ADDRESS ALL COMMUNICATIONS TO
"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. V SEPTEMBER, 1887. No. 9.

Poison in Food.

The true physician has the interests of his people at heart. Hence he should make a study of sanitary science. It is of great importance in the consideration of public health to see that articles of food are free from poisonous substances. We, as physicians, realize that the daily administration, even in very minute doses, of certain drugs, continued for a long period of time, results in accumulation of the drug in the system and chronic poisoning of the patient. Just the same results will follow their ingestion with the food.

This subject is suggested by the recent exposures, in many of our large cities, of certain tricks of bakers, grocers and others, whereby their wares were made cheaper and more attractive. These tricks consisted principally in the substitution of a poisonous mineral substance for some of the legitimate constituents of the articles of food.

Prominent among these adulterations is the bichromate of lead, a yellow powder, used by bakers instead of eggs, to give a rich yellow color to cakes and buns. By its use the system is rapidly saturated with lead, and a fearful form of lead poisoning ensues. Many cases have occurred in this and other cities, a goodly proportion of which have proved fatal.

Mr. H. W. Amerling, President of the American Society for the Prevention of Adulteration of Food, Drugs, etc., and Mr. H. B. Amerling, publishers of "The Anti-Adulteration Journal," of this city, have been very energetic in ferreting out these adulterations, and, when possible, bringing the offenders to justice.

In prosecutions for adulteration, bakers have plead ignorance of the injurious effects of the coloring matter they had been using. In order that they may be informed in future the above mentioned society have prepared a circular, which they are sending to bakers and confectioners in all parts of the United States, giving the common and chemical names of such poisonous substances, known to be used for these purposes. Any person hereafter found to be using them cannot make the plea of ignorance of their harmful nature.

For one year, from July, 1886, to July, 1887, we enjoyed the advantage and pleasure of having Dr. W. F. Waugh on our editorial staff. But as he and Dr. F. Woodbury have purchased the Philadelphia *Medical Times*, the Doctor will, of course, wish to give his attention chiefly to his own journal. He still feels the same fondness for THE WORLD, however, and he will frequently, as in the present issue, contribute an article for our columns. We wish to express our greatest appreciation of his past efforts, and wish him abundant success in his new undertaking. We feel certain that our readers entertain the same sentiments.

The New York *Sun* treats us each year to a "cure" for diarrhea, dysentery, and various stomach-aches. It consists of equal parts of tincture of rhubarb, essence of peppermint, and spirits of camphor. The dose is ten to twenty drops in sweetened water every fifteen minutes until relieved.

Digitized by Google

INDEX OF DISEASES.

In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease are given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number, 1886.—L. L.]

Hoarseness.

A few grains of borax placed on the tongue.

℞ Pulv. aluminis.....gr. x
Aq. dest.....f ʒ j
M. S.—As spray to the throat.

Vin. ipecacuanhæ, as spray, when vocal cords are congested.

Tannici glyceriti, q. s., as a paint to the fauces.

℞ Liq. potassæ.....f ʒ iss
Aq. camph.....f ʒ vj
M. S.—Two tablespoonfuls three times a day, in loss of voice.

℞ Chloride of ammonium in lozenge or vapor.

Hordeolum.

℞ Hydrargyri oleatis, (10 per cent.)....ʒ j
Adipis.....ʒ ij
M. et. ft. ung.
S.—Applied to the eyelid frequently.

Calcii sulphidi, gr. $\frac{1}{5}$th, three or four times daily.

Hydrocele.

Cupri sulphatis, gr. v, in half an ounce of water, as an injection. Or,
Argenti nitratis, in same manner and quantity.

Tinct. iodi, ʒ j or ʒ ij, injected, after evacuation of fluid.

Hydrothorax.

℞ Pilocarpine, gr. $\frac{1}{10}$th, three times daily.

Hyperesthesia.

℞ Potassii bromidi.....ʒ iss
Lactis.....f ʒ vj
M. S.—Two tablespoonfuls thrice daily.

Hypochondriasis.

℞ Potassii bromidi.....ʒ ss
Tinct. cinchonæ.....f ʒ ij
Aq. dest. ad.....f ʒ viij
M. S.—One tablespoonful three times daily.

℞ Liq. ferri perchloridi.....♏ lxxij
Liq. strychniæ, (P. B.).....ʒ ss
Aq. dest.....f ʒ viij
M. S.—Two tablespoonfuls thrice daily.

Zinci phosphidi, gr. $\frac{1}{4}$, three times a day in pill.

Creasote, one drop in pill, three times daily, for flatulence of hypochondriacs.

℞ Chloral. hydrat.....gr. x
Potassii bromidi.....gr. xv
Aq. dest.....f ʒ iss
M. S.—As a sleeping draught.

Sea-bathing.

Cold pediluvia.

℞ Tinct. hyoscyami, in half-drachm doses, well diluted, occasionally.

℞ Moschi, gr. j, in pill every three hours, in sleeplessness of hypochondriacs.

℞ Ext. resin. sumbuli, gr. j, in pill, thrice daily.

℞ Fel. bovini pur.....
Pil. assafœtidæ, co.....āā.....ʒ ss
Ext. aloes.....gr. xx
Saponis.....gr. x
Pulv. ipecac, co.....gr. viij
Misce et. divide in pills las. xxx.
S.—One before breakfast and dinner, for torpid intestines.

Hysteria.

℞ Sp. ammon. arom.....f ʒ vj
Sp. chloroformi.....f ʒ vj
Aq. camph.....f ʒ viij
M. S.—Two tablespoonfuls, p. r. n.

℞ Cupri sulphat., gr. $\frac{1}{4}$th, thrice daily in pill, for muscular twitchings.

℞ Zinci sulphat.....gr. vj
Acid. phosph. dil.....f ʒ iss
Aq. dest.....f ʒ viij
M. S.—Two tablespoonfuls three times a day.

℞ Phosphori.....gr. j
Ext. nucis vom.....gr. x
Misce et. divide in pillulas. xx.
S.—One night and morning.

We have received a communication respecting one of the formulæ given in our index of treatment in the July issue. The prescription called for a large dose of morphia—"gr. j with gr. v of powdered alum and a little sugar, to be given every hour until checked, in serious cases of hemoptysis." This dose was suggested advisedly, and extreme cases sometimes arise which justify this amount of morphia; but of course the physician is supposed to exercise judgment and discretion in selecting cases that warrant these "*derniers* resorts," and he can watch the effect of the dose, and judge if its repetition would be justifiable.—Eds.

The Current Medical Thought.

Paralysis Agitans.

The most characteristic symptoms of this disease, which serve to distinguish it from disseminated sclerosis, chorea and epilepsy, are, (1) a peculiar tremor present at all times except during sleep; (2) a strange gait, manifested by difficulty in preserving the equilibrium in walking, independent of giddiness; (3) rigidity of muscles, requiring special effort to execute movements of locomotion; (4) persistent restlessness with constant change of position; and (5) subjective sensations of continued heat, despite a normal temperature of the body. The first symptom, tremor, may commence in one limb and gradually invade other parts; finally it becomes general, but seldom includes the head. This tremor may, however, affect the tongue, causing some obscurity of speech or laboured pronunciation and saliva may escape. The peculiarity of gait gives the patient an appearance as if some mysterious propelling power were urging him forward "head first," and he experiences difficulty in arresting his progress. The rigidity of muscles affects all the body as well as the limbs, causing the patient to assume a singularly fixed attitude and expression. The restlessness is accompanied with a wretched feeling of exhaustion and fatigue. And the sensations of heat are aggravated whenever the tremor has been more than usually severe. Uncomplicated paralysis agitans is purely functional, and post-mortem examinations present no visible changes of organic structure. L. L.

Relation of the Physician to Society.

The Chicago *Inter-Ocean*, during the late meeting of the American Medical Association, said with equal truth and justice in an editorial:

"There is no one who knows better than the family physician the heart of society. Hidden though it be from others it is revealed to him. The curtains of mystery are drawn aside, the doors of secresy are opened, and he looks in where shame, or misery, or wretchedness, or unhappiness lies crouching, and while administering to the health of the body it is often his duty to prescribe for the ills of the mind. He is the one man among men who may be freely and trustingly approached by those who would shrink from the tender sympathies of loved ones, or would fear to test the benevolence of the priest; and whether he is austere and exacting or sympathetic and tolerant, the erring and troubled go to him with confidence. . . . This relation of the physician to society is at once beautiful and awe inspiring. It is beautiful in that it shows the highest development of personal and of professional integrity; it is awe-some in that it acquaints us how much the safety and well-being of society depends upon the discretion and honor of a comparatively small body of men. It never occurs to any one to question either the moral judgment or rectitude of these men, in every way as other men save for the profession they represent; and yet there have been few instances of a physician in regular standing making use of any confidence reposed in him to advance his own interests or to work harm to the interests of others. To such perfection have the ethics of the medical profession been brought that the law itself respects and sanctions the inviolability of the physician's trust, even in cases where important benefit might come to the state through the testimony he might give. A physician who will refuse to give evidence respecting matters that come under his professional notice, may not be committed for contempt as might another inflexible witness, a forbearance on the part of the law that is directly complimentary to the stand taken by the physicians of their own motion."

A Physician's Knowledge is his Stock in Trade.

Judge C. C. Fuller, of Mecosta County, in the case of State of Michigan *vs.* Vanimmans, decided, when a physician refused to testify on the ground that the evidence would be expert testimony: "After many years' study and observation I decide that a physician's knowledge is his stock in trade, his capital, and we have no more right to take it without extra compensation than we have to take provisions from a grocery, without pay, to feed the jury. The court rules that the witness is not compelled to testify."

Antiseptics in the Treatment of Diarrhea in Children.

Dr. Emmett Holt, in an interesting paper published recently in the New York *Medical Journal*, says in conclusion:

Is not the rational treatment, then, to clear out the intestines, as promptly and thoroughly as possible, and then address our energies towards stopping further decomposition? In other words, to treat the cause and not the result?

How should the antiseptic be administered?

The salicylate of sodium I have been accustomed to prescribe in doses of from one to three grains every two hours, according to the age, from three months to three years. In these doses the aqueous solution is tasteless, and can be readily given in food or drink. I have

Digitized by Google

never seen it produce vomiting, but often have seen severe and persistent vomiting controlled by it.

Naphthalin, although possessing a strong odor, is not disagreeable to the taste. On account of its insolubility, it is best given to children rubbed up with some inert powder, like sugar of milk. It should be used in a little larger doses than the salicylate—*i. e.*, gr. j to gr. v in young children, according to the age.

Resorcin must be used in smaller doses, gr. ½ to gr. ij, at corresponding ages. It is bitter, and not so easily given, though freely soluble in water. The bichloride was used in doses of gr. 1-120 to 1-100; but, even in these doses, I have more than once seen it produce vomiting.

In all cases I have insisted upon the antiseptic being given at short intervals, as many small doses are much more likely to succeed than a few large ones.

From the foregoing discussion the following conclusions are drawn:

1. Summer diarrhœa is not to be regarded as a disease depending upon a single morbific agent.

2. The remote causes are many, and include heat, mode of feeding, surroundings, dentition, and many other factors.

3. The immediate cause is putrefactive changes which take place in the stomach and bowels in food not digested, which changes are often begun outside the body.

4. These products may act as systemic poisons, or the particles may cause local irritation and inflammation of the intestine.

5. The diarrhœal discharges, at the outset at least, are to be looked upon as salutary.

6. The routine use of opium and astringents in these cases is not only useless, but, in the beginning particularly, they may do positive harm, since, by checking peristalsis, opium stops elimination and increases decomposition.

7. I do not deny or undervalue opium in any other form of diarrhœa than the one under discussion.

8. Evacuations are to be considered an essential part of antiseptic treatment.

9. Experience thus far leads me to regard naphthalin and the salts of salicylic acid as the most valuable antiseptics for the intestinal tract.—*Am. Med. Digest.*

Indigo as an Emmenagogue.

Dr. S. T. Yount, of Lafayette, Ind., has discovered that pure indigo possesses valuable emmenagogue properties. He gives a teaspoonful thrice daily.

Trance Caused by Quinine.

In the Leavenworth, Kan., Medical Society, Dr. J. W. Van Eman reported a case in which he gave quinine in remittent fever. The result of three grains every hour was, as the family reported to him, that the patient apparently died and came to life again. The Dr. then gave fifteen grains, and stayed to watch the effect, which was a complete trance, very closely resembling death, from which the patient was finally aroused with much difficulty.

Gout and Neurasthenia.

"Gout is to Europe what Neurasthenia or nervous exhaustion is to America—the national chronic disease. Both diseases exist in both countries, but gout is more prevalent in Europe, because Europeans are stronger than Americans; Neurasthenia is more prevalent in America, because Americans are weaker and more nervous than Europeans; the majority of our brain-workers are too nervous, too sensitive and too weak to acquire gout. With the progress of civilization and the co-relative increase of nervous sensitiveness, gout is declining in frequency in Europe, as well as in America; so that it seems destined to become, in time, almost a historic disease. In America the disease is comparatively rare, and is, indeed, as much of a curiosity to-day as was neurasthenia a century ago."—(The late Dr. George M. Beard.)

Chloroform in Labor.

A recent strong endorsement of the use of chloroform in labor, by Dr. Fordyce Barker, coupled with favorable expressions on the part of the majority of active, studious practitioners, should go far to decide the question affirmatively.

One of the most interesting features of the Crab Orchard meeting of the Mississippi Valley Medical Association was the discussion of the paper upon this topic of Dr. Preston B. Scott, the able and scholarly obstetrician of Louisville. The points he made were strong, positive and convincing, and were strengthened and emphasized by similar opinions from Prof. John A. Larrabee, William H. Bailey, W. H. Walthen and others.

Stress was laid upon the idea that chloroform should be given at the proper time to the extent of producing obtundity of the sensibilities (not complete insensibility) and relaxation of the circular fibers of the uterus.

Appropos to this, Prof. Henry Orendorf, of the Kentucky School of Medicine, one of the thoughtful and studious workers of Louisville, says:

Digitized by Google

1. The sphincter uteri, which is of contractile fiber, should be relaxed, but not at too great an expense of the longitudinal fibers of the corpora uteri, which are not only contractile, but expulsive.

2. If the sphincter uteri is sufficiently relaxed, the dangers of a lacerated cervix is lessened.

3. Hypertrophy of the left heart being the result of a condition which exists in pregnancy, is a strong factor in causing that immunity from danger which obtains in the anesthesia from chloroform in labor.

4. The more powerful the muscle the greater the resistance to relaxation and paralyzation.

After thorough consideration of the views of the thinkers and workers above mentioned, together with those expressed by the best and most careful observers, adding the experience in hospital and private practice (administering chloroform almost invariably) of fifteen years, I feel justified in arriving at the following conclusions:

1. Chloroform is not only proper in labor, but humanity and a regard for the best interests of the patient indicate that, as a rule, a case of labor is improperly conducted unless chloroform be administered.

2. The long, tedious and exhausting preliminary hours of suffering, particularly in primiparæ, should be relieved by positive doses either of morphine (hypodermically) or bromides combined with chloral.

3. A valuable aid in the earlier and later stages of labor, either alone or in conjunction with the remedies above referred to—in that it sustains the strength and courage, and obtunds the sensitive nerves of the sufferer, producing no bad effect whatsoever—is good Kentucky whisky.

4. The fact that any or all of these anesthetics may be abused or imperfectly used, is no argument against them. I. N. Love.

Precautions for Urethral Operations.

The administration of boric acid internally, for a few days before operations and the passage of instruments in the urethra, lessens the liability to attacks of urethral or catheter fever. Ten or twelve grains may be given three or four times a day, and it can be conveniently combined with quinine.

Stricture is both a cause and a result of rupture of the urethra. Rupture may be produced by attempts at micturition during retention from stricture; and traumatic stricture is sure to follow rupture, and is more intractable than the original stricture.

Caution in Antiseptics.

In using antiseptic agents for washing the hands in the lying-in chamber, or for various operations, it will be well to remember that corrosive sublimate, iodine, and permanganate of potash, are all incompatible with soap; carbolic acid is incompatible with permanganate solutions; and corrosive sublimate is incompatible with oils.

Ode to Bacillus.

Oh, powerful Bacillus,
With wonder how you fill us,
Every day!
While medical detectives,
With powerful objectives,
Watch you play.

In epidemic glanders,
In certain forms of "janders,"
You delight.
E'en to the fifteenth culture,
Voracious as a vulture,
You can bite.

'Tis said a crypto-cocus
Will very often choke us,
If we fail
To drop the acid phenic—
Which is antisepticemic—
On its tail.

In atmosphere mephitic,
In poison diphtheritic,
How you revel!
In earth and air and ocean,
You keep disease in motion,
Like a devil.

But Bacillus, Oh! Bacillus,
You try in vain to kill us,
Yet we thrive.
And though you try to blind us,
Yet next year I hope you'll find us
Quite alive.

How to Make a Man!

℞ Ferri ..... ℥ j ℥ ij
Sodii ..... ℥ ij ℥ ij
Potassi ..... ℥ ij
Sulphuris ..... ℥ ij ℥ ij
Phosphor ..... ℥ xxvj
Fluorini ..... ℥ ij ℥ ij
Chlorini ..... ℥ xxvj
Nitrogeni ..... iv lbs
Hydrogeni ..... xv lbs
Calcii ..... iij lbs
Carbonis ..... xlviij lbs
Oxygeni. ad ..... 168 lbs

Misce bene, "secundum artem," et adde "Vitæ," q. s. ut fiat homo. L. L.

The First Impression.

If a widow who has borne children marries again and bears more children, the latter will usually bear resemblance to the first husband rather than to the second; and the same rule obtains among the lower animals, *sans ceremonie.*

Agaricin.

The *Quarterly Bulletin* states that agaricin (the active principle of agaricus albus) gives uniform results in checking excessive perspiration in phthisical and fever patients. The following formula is used at Bellevue Hospital:

℞ Agaricini (Merck).....gr. x
Atrop. sulph.....gr. j
Acidi sulph. arom.....m̃ 1,200
Dissolve and filter.

The dose is 10 minims, containing $\frac{1}{12}$ grain of agaricin, $\frac{1}{120}$ grain of atropine sulphate, and 10 minims aromatic sulphuric acid. To be administered in syrup or simple elixir.

It may be also advantageously given in pill form, combined with Dover's powder. Thus:

℞ Agaricini.....gr. ij
Pulv. Doveri.....gr. xxv
M. Ft. pil. No. xx.

Sig: One pill five or six hours before retiring or sweat comes on. Its action is slow, hence the necessity for giving it early.

Oxidation and Putrefaction.

The decomposition of organic matter depends upon the growth of microbes. When organic matter is buried in the soil at a moderate depth, the kind of microbes evolved oxidize and purify the matter and prepare it for absorption by the roots of plants. But when water is allowed access to it, the microbes produced are of a different kind, and allow putrefaction to take place instead of oxidation. Thus the presence of organic matter in sewers and cesspools causes putrefaction, and the sewerage treatment is not reliable for removing or rendering innocuous zymotic organisms. In 1866, 4000 people died of a cholera epidemic in London, which was distinctly traced to the escape of excrement from a single house into the river Leeds. Had this excrement been buried instead, these lives would presumably have been saved; for buried in dry earth organic matter oxidizes, whereas its contact with water favors putrefaction.

A writer in the Peoria *Med. Monthly* concludes that all the cases of vomiting in pregnancy are on account of the inability of the patient to endure the embraces of her amorous husband, while in this condition. His remedy is to induce the husband to restrain his passion to more moderate limits, and to stimulate the wife's passions, that she can meet what is expected of her, by giving her twelve drops each of tincture of cantharides and tincture of the chloride of iron, in water, thrice daily.

Dr. Brand, of Chicago, avers that the mortality of typhoid fever is greatly diminished by the administration of water in large quantities.

Eucalyptus in Diphtheria.

J. V. Stevens, in *The Chicago Medical Times*, reports success in a very desperate case of diphtheria in a child two years of age, by frequently spraying the throat with fluid extract of eucalyptus globulus. This is very important if it can be confirmed by a sufficient number of test cases.

Permanganate of Potassium,

In doses of one-half to one grain thrice daily, is said, by Dr. I. Vroz, of the Virgin Islands, to be a cure for malaria. Be careful in administering it to females.

A New cure for Malaria.

Picrate of ammonium, in average dose of one-half to one grain in pill four times daily, has established itself as an undoubted cure for malarial infection. However, remember that it will give a *marked jaundice to the skin and conjunctiva lasting about three weeks*, and will color the urine a beautiful orange.

Picrate of ammonium is a yellow, bitter powder, costing about fifty cents per ounce.

A Good Disinfectant.

Dissolve half a dram of nitrate of lead in a pint of boiling water, then dissolve two drams of common salt in eight quarts of water. Pour the two mixtures together. After the sediment has settled the liquid is a saturated solution of chloride of lead. A cloth dipped in it and hung up in a room will purify a fetid atmosphere. It may also be used to pour down a sink, drain or water-closet. This is very cheap, as a pound of nitrate of lead will make several barrels full of the disinfectant. — *Scientific American.*

Failure of Gaseous Enemata.

Drs. Townsend and Hennesy, in the *Albany Medical Annals*, give a detailed report of their employment of the new remedy in nine consecutive cases of phthisis, most of which were tubercular in character, with temporary improvement for a few days in a few of the cases, but final failure in all.

Sows never menstruate.

The hairs of the head average one million and a half in number.

About two pounds of matter, liquid and solid, are daily excreted by the skin.

A combination of chlorate of potash with tincture of perchloride of iron is recommended in the treatment of "shingles."

Buttermilk is an excellent medium for the administration of bromide and iodide of potassium. It never coagulates in the stomach.

Digitized by Google

Iodine in Syphilis.

Professor Zeissl, of Vienna, a man of infinite experience in the treatment of syphilis, maintains that "iodine, in proper quantities, in conjunction with a well arranged diet, is sufficient to cause the symptoms of syphilis to disappear, or to be so weakened that merely a few mercurial inunctions will be necessary to complete the cure, without fear of a relapse in the years to come."

The Source of Albumen.

The precise seat whence albumen exudes in organic disease of the kidney is the malpighian tuft, a conglomeration of minute afferent and efferent vessels, which, with their capsules or envelope, constitute the malpighian bodies. Probably some serum also escapes sometimes from the capillaries in the neighborhood of the uriniferous tubes.

As much as a pint of water may be eliminated from the blood within the space of ten minutes, under conditions of intense emotional excitement.

Compound Tincture of Lavender in Kidney Disease.

The compound tincture of lavender of the British Pharmacopea renders excellent service when the urine presents a milky or clouded appearance, or is laden with urates, indicative of the presence of sugar or albumen. This preparation contains, in addition to the oils of lavender and rosemary, red sandal wood, nutmeg, and cinnamon. The red sandal wood has no known medical virtues, nor are any of the other ingredients credited with special action on the kidneys or bladder. Nevertheless, we have seen marked results follow its administration in drachm doses three or four times a day. L. L.

In varicocele, the left spermatic vein is often pressed upon by the loaded sigmoid flexure of the colon; and under such conditions, attention to the constipation will much reduce the varicocele.

Water is a potent diuretic, and a goblet-full, taken at bedtime, materially assists the removal of waste products from the system, by its eliminative action on the kidneys.

Smoking accelerates the assimilation of iodide of potassium, and its elimination from the system.

Observations on Insanity.

Dr. Hoff, of St. Louis, draws attention to a diagnostic point of interest, in general paralysis of the insane. He notices that the patient almost invariably exhibits the most absurdly extravagant ideas of his personal riches, influence and importance. He is possessed of untold wealth, land, horses, houses, etc., and bestows them on you or others in a most lavish manner. Whereas, in mania, without paralysis, though the flights of fancy may be ridiculously extravagant, there is generally an underlying suggestion of reason and probability; method in his madness, and enough of intellectual vigor to defend his delusions.

These observations are interesting, and they are certainly true in a large majority of instances.

Horedity of Cancer.

A large number of people affected with cancer are descended from cancerous parents or grandparents; and the disease descends nearly always in one line, and is inherited from either the father's or mother's side, seldom from both.

Treatment of Morphine Habit.

Success has followed the use of nitro-glycerine and sulphate of sparteine in the treatment of the morphine habit, gr. $\frac{1}{100}$ of nitro-glycerine in tablet or solution, and about gr. $\frac{1}{4}$ of sparteine sulphate, subcutaneously.

Worms.

The thread-worms, or ascarides, that infest the small intestine and plague the rectum, may be rapidly disposed of by a few drachm doses of the liquor hydrargyri perchloridi of the British Pharmacopœia.

Large doses of borax, thirty or forty grains twice a day, have been recommended to reduce enlarged spleen.

Half a drachm of glycerite of gallic acid in water, frequently repeated, is a potent arrester of hemorrhage from the kidneys or bladder. The same dose is also effectual in that infrequent condition called chylous urine.

Early Use of Plaster Dressings.

Dr. John Browne, an Irish surgeon, used plaster of Paris for the purpose of "putting up" fractured limbs, as long ago as in 1820; previous to which Baron Larrey, the eminent French surgeon, had for a long time confined bad cases of compound fracture in a mixture of white of eggs and flour, keeping them thus encompassed for several weeks and even months, without a change.

Digitized by Google

CLASS-ROOM NOTES.

[From the College and Clinical Record.]

—Prof. Parvin does not advocate *quick* dilatation or divulsion.

—Never give iron in any case of *apoplexy*, if it be possible to avoid it.

—Pilocarpine is said to be of distinct advantage in *Ménière's disease* if given early. It may also be used with success in aborting an attack of ague if given at the very outset.

—Prof. Parvin speaks very highly of *Sims' galvanic stem pessary*. He has never seen any injurious results as far as uterine irritation is concerned.

—In using *uterine dilators*, the application of a ten per cent. solution of cocaine to the cervix and canal will greatly alleviate the pain of the operation. Wait about ten minutes for its action before proceeding, after its application.—*Parvin.*

—In giving *quinine*, it is well to combine with dilute hydrobromic acid; it renders the disagreeable cerebral effects much less, does not interfere with its action, and renders it more soluble, while it really adds to its efficacy.

—Prof. Bartholow states, gelseminum will often do more good in *irritable bladder* than any other remedy. It is especially adapted to those women of hysterical type, troubled by irritability at the neck of the bladder, calling for constant urination.

—The most useful of all *pessaries* for posterior displacements is that of Dr. A. H. Smith. Each should be suited and adapted to each particular patient. This can be easily accomplished; for by holding the pessary in a flame, it is readily softened, can then be easily moulded to any desired form, and be made to permanently retain the required shape by dipping, while warm, into cold water.—*Prof. Parvin.*

—For *psoriasis palmaris*, probably of syphilitic origin, Prof. Bartholow directed mercurial ointment to be rubbed well into the palms of the hands, and the internal administration of iodide of sodium, gr. x, ter in die.

℞ Extract. pilocarpi fluidi,
Tinct. cantharidi.....āā.....ʒ ss
Glycerini,
Vaselini..... ..... āā.....ʒ j
M. Sig.—Use locally for the hair.

—For *albuminuria*, probably due to chronic intestitial nephritis, Prof. Bartholow advised the following:

℞ Auri et sodii chloridi.....gr. $\frac{1}{10}$
Hydrarg. chloridi corrosiv....gr. $\frac{1}{12}$
Ft. pil.
Sig.—Morning and evening.

—Prof. Batholow insists on the value of ipecacuanha in *dysentery*, especially of the puerperal state. The patient should, however, be in ordinary good condition, and the initial dose should be at least ten grains, but a scruple is better. Push the remedy, in spite of emesis, until the appearance of the characteristic ipecac stools.

—Prof. Da Costa presents the following as a strong point in the differential diagnosis of *chronic cerebral softening* and nervous exhaustion, or *neurasthenia*: In the latter for a short period of, perhaps, a few minutes, the patient's mind will remain clear, and he is capable of mental effort, soon, however, to lapse again into his indifferent stupor. This alone, with the facts and history of the patient, will do much to establish a diagnosis when in doubt. In the latter, also, the headache is comparatively slight, while in the former it is a marked feature of the case.

—For local applications in *gonorrhœal epididymitis*, to be used after the more acute inflammatory process has subsided, Prof. Gross recommends the following:

℞ Extract. belladonnæ.....ʒ ij
Glycerini.....fʒ ss
Aquæ.....fʒ j
Sig.—Smear on inflamed part.

Or—

℞ Iodoformi.....ʒ j
Unguent petrolati.....ʒ iij
M. Sig.—Apply.

—The following was prescribed, at a recent clinic for *epileptiform seizures*, due to some coarse lesion in the brain, occurring in a child 13 years old:

℞ Hydrarg. chloridi corrosiv....gr. $\frac{1}{10}$
Ext. ergotæ (aquos).....gr. ij.
Ft. pil.
Sig.—Morning and evening.

—A case of obstinate *secondary syphilis* was treated as follows:

℞ Hydrarg. chlor. corros .....gr. $\frac{1}{10}$
Cocainæ..... gr. $\frac{1}{8}$
Aquæ (tepid)..... gtt xv.
M. Sig.—Inject subcutaneously every other day.

Every night, on going to bed, resort to fumigation, using about ʒss calomel each sitting. Give quinine, iron, milk punch and best possible diet.

Digitized by Google

—For *hysterical vomiting*, with delayed menstruation, occurring in a girl 17 years of age, Prof. Bartholow directed gr. of the permanganate of potassium, ter die; also his favorite purgative pill:

℞ Ext. belladonnæ,
Ext. physotigmatis,
Ext. nucis vomicæ,
Aloin.....āā.....gr. ½
Ferri sulph.....gr. j
Ft. pill.
Sig.—Take at bedtime.

—For the *hemorrhage of fibroids* of the uterus Prof. Parvin advised in their order, the following: Ergot, hydrastis canadensis, infusion of gossypium, hot water injections, dilatation of os uteri, astringent tampons to uterine cavity, incising endometrum over the tumor, scraping and curetting the mucous membrane, application of persulphate of iron, removal of tumor by vagina, by gastromyotomy or gastrohysterectomy, or anticipate the menopause by oöphorectomy; the last, however, is not always certain in its results.

—In a recent lecture as to the therapeutical applications of *bromhydrate of conium*, Prof. Bartholow stated the following: In acute mania, characterized by muscular and cerebral activity, and high excitemant, it is of much value; also in chorea, when general and all other remedies have failed, this proves to be a most admirable resource. It is not adapted to such cases as may be characterized by depression. In hiccough, when persistent, severe, protracted and apparently a neurosis, it is a most valuable remedy. In asthma, whooping-cough and other spasmodic coughs, it is a remedy of promising utility.

The Antiseptic Treatment of Diphtheria.

Dr. Broudel, Algiers, has proposed another new plan of treatment of diphtheria based on antiseptic principles (*Brit. Med. Jour.* April 2, 1887). It consists in the exhibition of benzoate of soda, to which is added sulphide of calcium in syrup, either with or without carbolic acid. At first a tablespoonful of a mixture containing 4 to 5 grammes of benzoate of soda, according to the age of the child, is given every hour. Sulphide of calcium in granules or syrup is given at the same time. Finally a ten per cent. solution of benzoate of soda is sprayed into the throat every half hour, day and night, together with the continuous application of the vapor of carbolic acid and the oils of eucalyptus and turpentine. Strengthening diet and tonics, such as arseniate of strychnine, aconitine and antipyrin are also given. Under this treatment the false membranes become pale, lose their consistence, and disappear, leaving the parts underneath cicatrized. Two hundred cases were thus treated in the last five years and not one lost.

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

☞ Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Replies to Questions in August World.

Editors MEDICAL WORLD:

On page 312, August number, Dr. Medaris relates a case of placenta previa and asks for comments.

First, what caused the chill? There was evidently reason enough for septicemia to be present, and yet the single hard chill, followed by hemorrhage, is not the ordinary course of events in such cases. Could there have been pneumonia or ague complicating?

As to the treatment, Dr. Medaris has again demonstrated what I have long taught, that, in desperate cases ergot is but a broken reed. In this case it looks as if too much ergot may have been given, and secondary relaxation have followed the primary effect of the drug.

A five months' fetus is not ordinarily large enough to call for turning; but we may assume that in this case Dr. M. found that it was too large to be delivered without this operation. That being the case, it was his duty to empty the uterus of its dangerous contents as quickly as possible. Otherwise it would have been better to tampon tightly and give quinine until the womb could drive the fetus down to the vulvar opening, rather than attempt so serious an operation as turning in a woman presumably ex-sanguine from previous hemorrhage.

Dr. M. does not mention the use of ice to check the hemorrhage; but this, the best of all hemostatics, should have been provided in a case like this, where it was almost certain to be needed. Failing to have this in readiness, a most excellent method related some time ago in THE WORLD could have been employed—soaking a large sponge with hot water and introducing it into the womb.

But, indeed, the circumstances may have rendered all methods useless, the woman dying before anything could be done. The physician who would cast any reflection upon Dr. M. for losing a case of placenta previa, knows very little about that frightful calamity, or else he is far ahead of the profession in its treatment. I have had six cases, three complete and three partial, and, while I have been successful in saving all the mothers, I am well aware that luck (or a kind Providence) has favored me more than

Digitized by Google

skill; and I have no expectation of obtaining such success in future.

Dr. Slicer's case looks like dilation of the stomach. To the treatment given in THE WORLD, some antiseptic might be with benefit added, such as salicylic acid. The dilation might be relieved by the use of a stream of ice cold water, 1-8 to 1-4 inch in diameter, projected forcibly against the epigastrium. The diet should be regulated with the utmost care; cured and pickled meats forming the principal part.

Dr. Hammer will find some interesting observations on the toxic properties of santonin in Wood's therapeutics. Two grains killed a child five years old. Why it acts thus in some cases and not in others is not known. It is a dangerous drug, and not nearly as efficient as cowhage-down. When used at all, santonin should be combined with calomel.

If Dr. Welch will try cocaine as a local hemostatic in his hemorrhagic case, and let me know the result, I would be exceedingly obliged to him. This drug stopped the bleeding in a case of purpura, and saved a life I would not willingly have lost.

Dr. Bundy's case looks like one of commencing elephantiasis. If so, the limb will be found to be somewhat enlarged after each attack. I would treat the attack with cooling lotions, lead and opium, apply mercurial inunctions after the attack subsides, and get the boy an elastic stocking. The knee should also be attended to; the pressure of the effusion in the joint may interfere with the circulation.

Burning in the palms and soles may be due to dyspepsia, to Bright's disease, or chronic liver affections, or to genito-urinary affections.

Tetter, or eczema, of the scalp, may be treated by cutting the hair very close, and applying tar ointment, not too strong. Arsenic should be given internally. For scabies, the following will cure promptly: soak the clothing over night in a solution of corrosive sublimate, 1 to 2000; or of chloride of lime, or of carbolic acid. Wash the whole body with a solution of chlorinated soda, as strong as can be borne, letting the affected parts remain in the solution for some minutes. Then, after thorough drying, rub in thoroughly an ointment of sulphuret of potassium, of nitrate of mercury, or of carbolic acid. One *thorough* treatment is sufficient.

The object in giving an alkali before meals to a dyspeptic is that its presence in the stomach stimulates the production of the acid gastric juice; according to Bartholow.

In gastric catarrh, the alkali is given an hour before meals to dissolve and carry off the vitiated mucus, and leave a clean surface for the food.

Dr. Coney should build up his patient's constitution with tonics; especially cod-liver oil and the hypophosphites; regulate the bowels with minute doses of aloes, and treat the leucorrhea with cotton tampons covered with tannin ointment, alternated with other astringents, such as the zinc salts, and phenol when there is fetor. Inunctions of hot cod-liver oil, repeated daily, are effectual, though disagreeable. Hot salt baths, plunge or sponge, are very useful in bringing the blood to the surface for oxygen.

If Dr. Jarvis will try santonin on his case of tobacco amaurosis we would like to hear the result.

WILLIAM F. WAUGH.

1725 Arch St., Phila.

Opium in Cholera Infantum.

Editor MEDICAL WORLD:

While I dislike to be "still harping on 'my daughter,'" justice to myself compels me to notice the article of Dr. Murray in the August No. of THE WORLD. His *argumentum ad hominem* does not materially affect the views I hold in regard to the proper use of opium in diarrheal diseases. Nor does he offer a single new *reason* that has not been already sufficiently considered. Nothing further, therefore, is called for under this head.

He says, however, "I still think the advice of any man to give 2 minims of tinct. ipecac et opii (= 1-5 gr. opium), every 2 hours to a *little* child is unwise and dangerous." In this, I agree with him. But inasmuch as the context shows that he designs it to be understood that *I* have so recommended, let me briefly summarize to show whether or not his statement is designedly misleading.

In my article in the May No. I was discussing the gastro-intestinal diseases of children. I do not think the words cholera infantum there appeared. I instanced children from 2 to 12 years of age, and gave this formula.

℞ Tr. ipecac et opii.....3 j
Bismuthi subnitrat.....3 iij
Mist cretæ.....ad.....℥ iij
M. S. 3ss to 3j every 2–4 hours, p. r. n.

This gives latitude for the larger or the smaller dose, with greater or less frequency, according to the age of the child and the severity and stage of the disease, and it should not be necessary to point out the propriety of diminishing both the frequency of administration and the quantity given as soon as the disease is under control.

BENJ. EDSON, M. D.

Brooklyn, N. Y.

Opium in Cholera-Infantum.

EDS. MEDICAL WORLD:

I notice in the last three numbers of your excellent journal several articles in regard to the propriety of using opium in the treatment of cholera infantum. I quite agree with Dr. Edson, who declares good results from its use,

notwithstanding Dr. Murray's opinion to the contrary. Is it not a fact that the brain is anemic in the latter stage of cholera-infantum? I think so. The opium would certainly equalize the circulation as there exists a hydrencephaloid rather than a hyperemia of the brain. I do not wish to occupy your valuable space with theorizing, but will give you the result of two cases, ages seven and nine months (cousins), both bottle-fed. The first case I treated without opium; on the third day my patient died. The second was attacked soon after, in the same manner as the first, and on the second day I despaired of raising it, as it had taken on head symptoms together with spasms, attended with tonic contractions of the cervical muscles. I decided to be merciful, at least, and gave large doses of camphorated tincture of opium to relieve the suffering of my little patient, which was very great. I left the house and requested a lady who lived near by, to go into the house and remain until the child died. I called an hour later to find my patient in a more comfortable condition. The treatment was kept up and the improvement continued to convalesence.

Now, do you think the child could have recovered had I withheld the opium? Bromides and other remedies had failed to control the spasms. If ever I saved a life, this case, in my mind, has the strongest claim, and the opium was the means by which the child was relieved, and it will no doubt live (as its father has already done) to call me blessed.

Cameron, Mo. E. S. McDONALD, M.D.

Antiseptic Treatment of Summer Diarrhea.

Editor MEDICAL WORLD:

The object of this communication is to call the attention of the readers of THE WORLD to the treatment of summer diarrhea in children by antiseptics, especially the salicylate of sodium and the bichloride of mercury. I have had no experience particularly with the salicylate of sodium treatment, but my attention was first called to it by an article in the *N. Y. Med. Journal*, January, 1887, written by Prof. L. Emmett Holt, in which he claims to have had better results from this than from any other plan of treatment. Since reading Dr. Holt's article, I had my attention called to the remedy again this summer by a medical friend in my own town, who claims to have obtained most excellent results from its use, after all other remedies had failed him. It is not my intention, in this article, to offer anything in support of the treatment, *i. e.*, by the salicylate of sodium, as I have had no experience with it myself. I want to introduce the subject in order to call forth the opinion and experience of those who have given it a fair trial, and are prepared to enlighten us as to its utility in the treatment of summer complaints of children. I have been watching and waiting, ever since I saw Dr. Holt's article, hoping that some of the readers of THE WORLD, who had tried it, would take up the subject and give us the benefit of his experience, but as yet I have seen no reference to it in any of my journals. As regards the bichloride of mercury, after what experience I have had with it, I would rather take my chances with it, where it is specially indicated, than any other remedy I know of in the materia medica. I use it as recommended by Ringer, in his "Hand Book of Therapeutics." I did not intend to introduce reports of special cases, but I have just treated one which illustrates so many points that I will give it, although the results obtained in this case were no more striking than in others in which the same treatment had been employed. A boy, aged three years, taken sick very suddenly, with high temperature, heavily-coated tongue, considerable nausea with inclination to vomit occasionally, bowels very loose, stools at first thin and yellow, afterwards green, with considerable curds and mucus. The parents had given him a dose of oil before I was called. I began my treatment with

℞ Tr. opii ..... gtt. 16
Spts. ammonia arom ..... ℥ j
Bismuth sub-nit. ..... ℥ ij
Syr. simp. ..... ℥ ss
Mist. cretæ ..... ℥ iss
M. Sig.—Teaspoonful every 2 or 3 hours.

I also gave him ⅛ gr. of calomel every 3 hours with 5 grs. lactopeptine 3 times a day; milk and lime-water for nourishment. I kept him on this treatment for about five days, varying it occasionally as I thought best, to meet the indications, my patient getting worse all the time, having about twenty to twenty-five of those ugly green, curded discharges in the twenty-four hours. On the morning of the seventh day I found my little patient considerably worse, the discharges from the bowels were becoming more frequent and offensive, and composed now principally of blood and mucus, becoming dysenteric in character. The tormina and tenesmus were very severe, and the child really in a critical condition. His pulse was rapid and weak, temperature 103°. Having given the old plan of treatment, viz, bismuth, chalk, astingents, calomel, opiates, etc., a fair trial, and being convinced that my patient was rapidly getting worse under their use, I determined to put him on Ringer's preparation of corrosive sublimate, 1 gr. to 10 ozs. of water. I began this treatment by giving one teaspoonful of the mixture every hour, together with occasional doses of

Digitized by Google

Squibb's tincture of opium, to control tormina and tenesmus. I had to be very guarded in the use of opiates from the beginning, on account of a persistent tendency to stupor. The child began to improve at once, in fact the change was so sudden and so decided, that it was easily perceived by the mother and friends of the child, who remarked at my next visit, that "improvement began immediately after taking the first dose of the medicine." This treatment relieved all the grave symptoms, and in two days my little patient was on the road to canvalescence. I am confident I owe the recovery of my patient to the corrosive sublimate alone. I do not believe, however, it would have availed anything, or, at any rate, as much, in the first stage of his sickness, while the diarrheaic symptoms predominated; as I think it best indicated when dysenteric symptoms make their appearance, with tormina and tenesmus, and where the discharges consist principally of mucus and blood, resembling the washings of flesh. With what experience I have had of this treatment, I am certainly well pleased, and I feel confident it will prove a positive remedy in those diseases whenever it is specially indicated. As I said before, my object in writing this communication is to get the opinion of those of the readers of THE WORLD who are familiar with the use of salicylate of sodium in the summer diarrheas of children. We want the opinion of those who have tested it fairly, and can tell us from observation and experience what it will do, when to use it and how to use it. We have been so often dissappointed and disgusted with the old routine plan of treating these summer complaints, that we are beginning to wish and hope for something that will give us better results; and if that something is to be found in the salicylate of sodium, or in any other remedy or plan of treatment, please let us have it. I would just say here in this connection, that I have just given the much vaunted remedy for cholera infantum, fld. ext. bugle weed, a fair trial in several cases; and all that I can say for it so far is, that it disappointed me sadly. I am going to try it again, however. Hope it will do better for me next time.

G. A. RICHARDSON, M. D.

Clear Spring, Md.

Inflammatory Diarrhœa.

Editor MEDICAL WORLD:

I have successfully treated seventy cases of inflammatory diarrhœa this summer. A number of physicians call it "flux."

My treatment is to bring the bowels under control with chalk mixture, with kino and bismuth added. When there is fever I give hourly doses of tincture of aconite, 1 drop, granules of corrosive sublimate, $\frac{1}{10}$ gr., twice a day. Change the diet to Carnrick's Soluble Food. Allow very little water, but pounded ice instead. Have raised some cases that seemed at first visit impossible. After the bowels became checked and pain and straining remain, use tinct. opii camph., and apply cloths wrung out of hot hop tea. I always give opium in any form with fear and trembling to a child.

The WORLD grows more interesting. Let's double the circulation; we can do it.

Tom's Brook, Va. W. S. CLINE.

Medical Schools and Medical Students.

Editor MEDICAL WORLD:

In the last number of your cosmopolitan journal, an article on Medical Schools and Medical Students attracted my attention. The article is an excellent one. It fits the times, and I congratulate "Medicus" on its merits. Harvard and the old University or Pennsylvania have long been endeavoring to elevate the standard of medical students and of graduates in medicine. They have made a noble effort. Some members of the profession have stood by them and aided them. But the question as to their success in elevating the "American Doctor" is very doubtful. Doubtless these schools have prevented many incompetent students from graduating in them, but they have never turned away a student who was so "beastly" ignorant that he could not graduate at twenty other medical colleges within his reach. The profession is to-day full of ignorant, rude, uncultivated men, graduated at poor medical colleges, and these schools continue to hatch their brood annually, with a rapidity only equalled by the poultry incubator. Medicus gives us no remedy for the evil. He truthfully intimates that it is money in the pockets of the professors. But there is a remedy in the profession itself if it will apply it. It is this: let every county medical society in the United States require for admission to membership, in addition to the medical diploma, a diploma in literature or science, or instead thereof, an examination in literature and science before a board of examiners made up from the educated men in the county societies.

The old rule has been to admit to the county societies men willing to adopt the code, provided they had M. D. and had practiced medicine one year.

The code has been put first, and education last, if at all, into the problem. Would it not be well to reflect that the entire code factor might be left out, and the entire problem be

Digitized by Google

resolved into the question as to whether the applicant for membership has education enough to be trusted with the lives of his fellow beings. It would certainly be honest. The rule of galvanizing asses with the code has become ridiculous.

When it has become exhausted and no longer possible, the miserable medical schools of this country, with their speculating faculties, will be compelled to take in their announcements, some of which would pass current as first class quack advertisements. ALUMNUS.

Lumbago.

Editor MEDICAL WORLD:

In the June number Dr. H. H. Taylor speaks of "having been confined to the house by a severe attack of lumbago, thereby enjoying a feast of good things over THE WORLDS of 1886." Now, I do not wish to deprive the Doctor any profit and benefit obtained by reading THE WORLD, but would like to bring to his notice for trial a remedy for lumbago, which, in my hands, has proven itself almost a specific, both upon my own person and that of many others for whom I have prescribed it, viz., the essence of spruce in teaspoonful doses three or four times a day. I heard an old practitioner relate several years since to the members of the Schuyler County Medical Society, New York, its marvelous power in relieving him of lumbago, and have found upon trial that it is the remedy above all others that I have tried in this disease. Why or how it operates so marvelously in relieving this form of rheumatism, I do not pretend to explain; but that it does so operate, both upon my own person and the majority of those for whom I have prescribed it, I know. I also notice that Dr. Murray, in an article on "Cholera Infantum," same number, says, "When the tongue is red, give acids; and when coated with white fur, give alkalies." Now, I have always been taught *vice versa:* when tongue is red, in any disease, give alkalies; and when thickly coated, give acids. Which, Mr. Editor, is supposed to be right? L. T. WHITE, M. D.

Enfield Centre, N. Y.

Action of the Post Partum Bandage.

Editor MEDICAL WORLD:

I am an obstetrician, with twelve years' experience added to theory. I must say in reference to the bandage for lying-in women, I could not dispense with it. I consider the many versions, procedentures, prolapses, etc., due to a want of power in the abdominal muscles to contract upon the womb on all sides alike. The fetus occupies one side more than the other, the womb lying well in the preferred side. The muscles on this side are distended to their utmost tension quite often, and the greater the pressure on the one side, the less on the other; hence the antagonistic power is exerted in displacing the uterus. The uterus being relieved of its contents, the walls contract with all the power they command, the strong side forcing the uterus to the weak, where it becomes fixed for the future, perhaps; whereas the binder or bandage brings down the walls of the abdomen on all sides alike, fixing the uterus in the centre, its normal abode. Care should be exercised in adjusting the bandage; it should fit like the skin. I have them made like a corset, to come over the hips, down to the groin and pubic arch; in short, it must hold the uterus up as well as to the centre. C. E. FROST, M. D.

Coal Hill, Ark.

Pneumonia.—Puerperal Septicemia.

Editor MEDICAL WORLD:

I have two cases which may be of use to some one, hence respectfully submit them for your consideration:

Case 1. Grace S., age 11 years, had had two physicians for ten days. Both pronounced the case fatal. Condition of patient the 11th day of her sickness, temperature 106½°; pulse 160 per minute; respiration, 42 per minute; face flushed; the heat of the surface very great; excessive thirst, and dry hacking cough. Diagnosis: pneumonia. Mother stated that the child could not take quinine. Prescribed the following, however:

℞ Quininæ sulphatis.....gr. xxxviij
Ext. glycyrrhizæ fl.....f℥ jss
Syrupi q.s. ad.....f℥ iij
M. S g.—Teaspoonful every half hour.

Also,

℞ Ammoniæ carbonatis.....gr. cxx
Syrupi ipecacuanhæ.....f℥ ij
Syrupi q.s. ad.....f℥ v
M. Sig.—Teaspoonful every half hour.

Also ordered ice placed about the head and neck. Saw the patient 6 P. M. No improvement. Ordered antipyrine in gr. vj doses every half hour. Next morning the temperature was 100°; pulse 98; respiration 30. Mother stated that from the first dose there was improvement. No other medicine was used except the ammonium carbonate. Child recovered in usual time.

Case 2. Mrs. S., married, has had five children and two abortions. The last one occurred April 1, '87, which was neglected. On the 28th, when I was sent for, I found the temperature 105°, pulse 90, respiration 35 per minute. Noticed a frightful odor before the patient was seen. Removed a good sized piece of the placenta and used a solution of bi-chloride of mercury,

Digitized by Google

1-500 as an injection. Ordered quiniæ sulph. grs. ij every half hour. This produced severe vomiting and headache. Put her on antipyrine, gr. vj every fifteen minutes until 90 grs. had been taken.

The next day the symptoms had abated and the patient made a rapid recovery.

The list of questions submitted by Dr. F. W. Higgins is well calculated to stimulate to closer study.

Of all the medical journals, THE WORLD is the most prized by

Syracuse, N. Y. B. P. WRIGHT.

What Caused the Blindness?

Editor MEDICAL WORLD:

About the month of April, 1886, I was called to a case of labor; fifth confinement. The confinement, as well as all previous ones, was short, a female child being born with beautiful black eyes. Mother and child both apparently in good health, and remaining so about three months, when the mother brought the child to me, with her eyes filled with tears, saying, "Please examine my baby's eyes. I believe it is blind." I examined the eyes of the child as best I could. At once came to the conclusion that the child was quite blind and that the eyes would never be restored to sight. The pupils of the eyes were white and extended with considerable protuberance, apparently as large as a pea. The mother said "what is the matter with it, and what caused the child to go blind?" I very frankly told her I didn't know. She then asked me if she should take the child to Conshatta (some ten miles distant), and if I thought the doctor there could do it any good. I again frankly told her she might try it, but did not believe the best oculist in the world could make the child see any more. Suffice it to say she took it to Conshatta, and the doctor there diagnosed it as a case of gonorrheal ophthalmia, and had the mother to make several visits to town with the child for treatment. I did not believe the diagnosis correct and am unable to tell what caused the child to go blind, unless it became diseased from the mother. I thought probably she might have had prurigo of the vulva, and by continual scratching herself the child's eyes might have became inoccoulated with virus from the mother. The child is still blind, it and its mother both being in good health. Please tell me the cause of blindness and oblige, J. C. BROWN.

Esperanzu, La.

Quinine.

Editor MEDICAL WORLD:

The article on purpura hemorrhagica, in your January number, reminds me of some points on quinine. Case 1st. A married woman of my acquaintance was heroically treated with quinine till it produced a fatal epistaxis and hemoptysis. This bleeding resulted every time she took quinine for three times, the last time proving fatal.

Case 2nd. Mrs. Sarah Zacksay, had taken too much quinine, and bleeding at the nose occurred several times to my own personal knowledge. I never dared to give it to her at all. Case No. 1 was a brunette, No. 2 a blonde; both married and both died from hemorrhages induced by overdosing with quinine.

Case 3rd. Uterine hemorrhage and abortion occurred from an overdose of quinine. In none of these three cases was there the least tendency to a hemorrhagic diathesis beforehand.

The results of mercury and quinine combined have proven them under my own supervision the most unhappy agents in the whole materia medica. My own body attests to the truth of what I am saying. A heroic dose of ten grains of quinine rendered me blind for three days, nearly destroyed my hearing and made life almost intolerable for the next ten years from incessant, incurable headache. Yet I believe both articles possess value as medicines. Calomel I never use now except in acute hepatitis; and quinine only in such doses as not to cripple my patients.

Galveston, Ind. S. T. LANDRY, M.D.

Cocaine in Rubeola.

Editor MEDICAL WORLD:

As I do not remember of seeing a case reported where cocaine was used in rubeola as I used it a short time since, I thought may be my experience with it might be of interest to the readers of THE WORLD.

I was called to see Mr. W. N., aged eighteen years, at seven o'clock in the evening, and found him suffering from rubeola with the characteristic maculo-papular eruption well developed. Also found him suffering from dyspnea so marked that he was compelled to sit up in bed to breathe; his face was cyanotic. On inspecting his throat I found the palatal mucous membrane congested, and this with the other characteristic catarrhal symptoms, was mechanically interfering with his respiration.

I made an application of a 4 per cent. solution of muriate of cocaine, after first giving him a little water in a spoon which he was unable to swallow, with the result of relieving his dyspnea in less than five minutes, when he drank some water and a tumbler full of milk without any difficulty. He rested well until about three or four o'clock in the morning, when he again complained of his throat. Another application of cocaine was made after

which he complained no more of throat troubles and made the usual recovery.

The cocaine in this case, besides producing anæsthesia of the part, "drove back the eruption," with a consequent reduction of the congestion and swelling. As there is an epidemic of measles in my neighborhood I have had several suitable cases to try the cocaine and in all it has acted as well as it did in my first and worst case. E. T. W. HALL, M. D.

Freemansburg, W. Va.

Felt Splints.

Editor MEDICAL WORLD:

Prof. Hamilton gave the following recipe for making them:—"Dissolve three pounds of gum shellac in two quarts of alcohol. It should be dissolved in a tin vessel, furnished with a tight cover, to prevent evaporation. Spread a piece of old or new woolen cloth on a board, and, with a clean brush, saturate both sides of the cloth with the solution. Hang it up until it is perfectly dried. Lay it again upon the board, and apply a second coat of the solution to one side only of the cloth. Dry again, and apply a third coat to the same side. There will be now three successive layers upon one side, and one on the opposite. While the last coat is yet fresh, fold the cloth so that the side having three coats shall be applied to itself. Now, with a hot flat-iron, smooth and press the surfaces together. When it is cold, a slight rubbing with a sand-paper makes it fit for use. It becomes a flat, almost unyielding board; but exposure to a moderate heat will make it pliant, so that it can easily and accurately be adapted to any surface." W. N. MILLER, M. D.

Pittsburgh, Pa.

An Acephaloid.

Editor MEDICAL WORLD:

I desire to make a brief report of some interesting features in connection with a case of acephalic monstrosity, recently under my care.

A line drawn through the superciliary ridges, passing downward and backward just behind the ears, would mark the plane of the absent portion of the head. The integument terminated abruptly on the line named, presenting the appearance of recent connection or adhesion, if not to its component part, to something else.

Believing that this appearance was so in fact, I sought the source in the placenta; where I found, opposite to the insertion of the cord, an irregular cupped depression, corresponding in outline to the absent portion of the skull, with a well-marked rim showing there had been a kind of attachment to the integument forming the face of the acephaloid.

In this cup were several cartilaginous plates, varying in size from a half-inch square, to one by two inches; as if the cell elements going to form the bony portion of the skull had found a partial home in the placenta.

The placenta was firmly adherent to the upper segment of the right-interior-lateral wall of the uterus.

At about the second month of pregnancy, a dull aching pain was experienced in the region of the right ovary; this pain ascended as pregnancy advanced; when at the time of labor and for one month previous, it occupied a point four inches to the right and two above the umbilicus.

Was there not some relation between the pain and the adherent placenta?

Was there not some relation between these varying attachments and the faulty development?

Celina, O. J. M. LISLE.

A Double Head.

Editor MEDICAL WORLD:

On the 23d of January, 1887, I was called to E. L., an unmarried woman, aged 23, with hare-lip. Several cases of deformity have been known in the family. I found that this woman had been in labor five days, with three midwives around her "making teas to bring her right." None of them could explain why she could not be delivered, only, "She wouldn't come right." The patient was exhausted and the pains had ceased. The parts were well dilated. A careful examination gave evidence of a double head—one head on the top of another. The child was dead, but, dead or alive, craniotomy was the only remedy.

Assisted by a medical student, L. W. Perkins, I opened the upper head and pressed it together, then brought it down. The lower head, being the smallest, followed, and thus she was delivered of this monstrosity. The peculiarities in this case were: 1st. A head on the top of a head. 2d. The division between the two heads was not bone, but simply the arachnoid membrane. 3d. The upper head was filled with water only. 4th. The upper head was covered with well-developed bone, formed by the pariental bones repeating themselves as did also the occiput and the frontal bone. There were no fontanelles. These bones made their new departure by starting from imperfect sutures. There were no eyes or ears to the upper head. 5th. The lower, or true head, was properly formed, but filled mostly with bloody water, with small lumps of brain floating in scattered fragments through it. 6th. The cere-

Digitized by Google

bellum was the only part of the brain in its proper situation. The body was well formed. The mother, after a lingering fever, recovered.

By reference to THE MEDICAL WORLD for 1886, January number, page 20, the figures marked B. C., D. & G., may throw some light on the cause of such a monstrosity.

Newport, N. C. E. L. PERKINS, M.D.

Study Nature, Not Books.

Editor MEDICAL WORLD:

It seems to me that physicians generally spend too much of their time in trying to find out new remedies, new applications—if not indeed new diseases—or at least new names for old things. Medicines are abundant, overwhelmingly abundant; remedies and cures, known and understood, are not so abundant, but they are ample. Let physicians study more at the bedside and less in books and periodicals, and they will surely be more successful in handling and applying medicines, and more succesful in healing; but let them not run into print with a something they have thus learned until they have proved it.

How much of trash we have forced upon us in this way, by druggists and doctors who are alike ambitious to benefit their fellow men and build up a trade or a reputation.

But alas! how much valuable time is consumed, and I may say lives lost, through this ambitious practice, or imposition. A new remedy is put on the market, physicians take hold of it eagerly to make a march—the drug is a fraud and the Doctor—well, he looks about for some other remedy because that last one failed.

Strasburg, Pa. S. KENEAGY, M.D.

Treatment of Tertiary Syphilis.

Editor MEDICAL WORLD:

In the November number, 1886, Dr. C. A. Holt, of Troy, asks for the best treatment for tertiary syphilis. I have had three old cases of late: 1st, syphilitic rheumatism with nervous inability to obtain necessary sleep; 2d, syphilitic rheumatism with loss of sleep, and headache gradually becoming more and more severe; 3d, a still farther advanced syphilitic rheumatism, with intensely severe and continuous headache, and consequent loss of sleep. All of these cases I have treated on the same plan.

If the bowels are fairly loose I do not give any mercury; if they are not, I give from 1 to 3 three-grain doses of blue mass, and at the same time give ℥j doses of the following mixture every hour, if the case be very pressing, and gradually decrease to ℥j t. i. d. as the case proves:

℞ Potass iod ..... ℥ ij
Potass brom ..... ℥ jss to ℥ ij
Syr. sars. co. ..... f℥ j
Aqua. q. s. ad ..... f℥ iv
M. S.—℥j as directed.

I have succeeded with this where other physicians have entirely failed, and where mercury and iod. potass. either could not be borne, or did not give the desired result, nor did potass. iod. and sarsaparilla alone, or fl. ext. stillingia avail.

In the third case the patient had arrived at a point where a gloomy apathy was fast approaching insanity. A dose of the above prescription was given every hour during the first day, and that night was the first in which the patient had had any rest for about a week. The next day I gave it every two hours, gradually decreasing to three doses a day, and at the end of three weeks, as the patient was nearly free from cerebral pain and the syphilitic rheumatism had very nearly disappeared, I changed for a week to iv gtt. syr. ferri. iodidi t. i. d., taken on sugar, and then returned to the former prescription. The patient is now fairly bright and cheerful, and has comparatively little pain—in fact, progressing well.

For the throat trouble I should give in addition to above treatment a mixture (varying in strength according to the case) of tinct. of iron, chlor. potass., glycerine, and water.

Dundee, N. Y. L. W. HOW, M. D.

A Case of Super-fœtation.

Editor MEDICAL WORLD:

A full-blooded negro woman was delivered of twins; one a male, black, the other female, mulatto. The female was born about one hour in advance of the male. The mother's statements are as follows: Early in the night she received the embraces of her sable lover; and shortly after his leaving, she supposes about three hours, as she had fallen asleep, her white sweet-heart (as she terms him) made her a call, whom she also received into her embraces. The children are now one year old, healthy and perfect in formation. Mother is a multipara—has never married and has energy enough to support her family. DR. JOHN O. ZIEGLER.

Perote, Ala.

Digitized by Google

A Case of Triplets.

Editor MEDICAL WORLD:

I wish to report a case of triplets. On Dec. 3d, 1886, I was called to attend Mrs. W. F., in her eighth confinement. She had been in labor since midnight. The pains were very strong, and but a few moments apart.

I found the os well open, with the occiput presenting. (Left occipito anterior.)

I waited for some time, and then made another examination, and found no advancement; so I applied the forceps and brought the babe away. I tied the cord and handed the child to a nurse. Then another child presented with the feet. I took that one and laid it away, when I found there were still more coming, and in a short time there was a shoulder presentation. After about half an hour's hard work I succeeded in turning the babe, and delivered the lady of her last but not least child, it being a bouncing boy. The first two were girls. At the time of this writing they are all doing well and are growing fat.

Laurelton, Pa. G. C. MOHN, M. D.

Hemoglobine.

Editor MEDICAL WORLD:

About a year ago I wrote you that I thought hemoglobine should be administered in cases where that substance is deficient in quantity or quality, as in anemia, &c., and that I had experimented with it and administered it clinically. You state, February, 1887, that one of your recent French Journals contains a similar proposition. If the mere suggestion amounts to anything I should come in first; but the man who chemically isolates and gives its chemical and physiological relations, and manufactures it artificially, should be the man credited. Owing to the want of laboratory, &c., and the fact that it is of such high atomic values, I have not been able to do this. If the following crude remarks would offer any suggestion to exact experimentation, I will be satisfied. I contend that hemoglobine (whether isolated in chemical purity or not) administered in the crude state obtained as below, with the fibrin, serum, salts and albumen extracted, the resulting mixture, hemoglobine, water, &c., is pure enough to be capable of good clinical results. I have given what I thought to be a watery solution of hemoglobine (hypodermically and by mouth) in a case of anemia and the patient got well. There are many diseases in which it is indicated. It should be given in solution. Arsenic is its best preservative and will keep it for administration or isolation. As only a few drops of arsenic are required, no danger from arsenical poisoning need result. Arsenic will cause it to retain its spectroscopic character. Nitrate of potassium and chloride of sodium are good. Perhaps this is one reason why arsenic is good in hemorrhagic malarial fever—there being decomposition of hemoglobine, the arsenic acts as a preservative.

Hemoglobine, the coloring matter of the blood, forms the principal part of the red blood corpuscles of vertebrates, and has also been found in limited quantities in the reddish blood of invertebrates. Beef's-blood is the best source to obtain the hemoglobine from, for clinical use.

Modes of isolation: Hemoglobine crystals may be obtained more or less pure in various ways: 1st. By evaporation of diluted blood to which alcohol and ether has been added. 2d. By conducting oxygen and then carbonic acid through a mixture of blood and water. 3d. By freezing and thawing blood. 4th. By electric discharge and the continuous galvanic current. 5th. By elevation of temperature to 60°C. 6th. By the addition of salts to the blood, such as sulphate soda, &c. 7th. By the action of chloroform with access of air. 8th. According to Hoppe-Seyler very pure crystals of hemoglobine may be obtained thus: Mix a portion of defibrinated blood with ten times the quantity of a solution of chloride of sodium (1 volume saturated solution to 10 volumes of water), let stand one or two days in a cool place until the larger part of the blood corpuscles have settled at the bottom, then decant the supernatant fluid from the precipitate, transfer the latter with a moderate quantity of water to a boiling flask, add about the same amount of ether, shake well the whole, pour off the ether after a while and filter quickly; stir the filtrate after its having cooled off to O° Celsius, and let stand a few days at 5° to 10° Celsius.

Hemoglobine crystals of dogs, rats, and squirrels form spontaneously during the shaking of blood-discs with ether, and so quickly that part of them remain on the filter after filtration; in this case dissolve them at a moderate temperature (40°C) by a water bath, filter quickly, let cool to O° Celsius and place in cold for crystallization. Hemoglobine crystals are mostly microscopic, hardly over a line long. Hemoglobine can be extracted by the action of animal charcoal, by water, dilute alcoholic solutions, and in either case can be crystallized by evaporation. It is soluble in these. Take defibrinated blood, pass through animal charcoal; the salts, water, &c., will pass through, leaving the albumen and hemoglobine behind. Take this albumen and hemoglobine, or coloring matter, and shake with ether. Ether will precipitate the hemoglobine; the albumen is not precipitated by ether; filter; the albumen and

Digitized by Google

ether pass through, leaving the hemoglobine on the filter. Collect this hemoglobine and dissolve in water and pass through animal charcoal, thus repeating the above process.

Hemoglobine is the only substance in the body which contains iron in considerable amounts; the iron of the hemoglobine passes out by the bile and urine. It is supplied to the body by the food. In the fresh globule the hemoglobine is united with a colorless albuminous matter which forms a substratum for its other ingredients. This substance is less soluble in water than hemoglobine, and remains behind when the latter has been dissolved out, leaving the globules decolorized.

Hemoglobine is manufactured from the food, albumen being one of its sources perhaps, as peptone. Whether it is manufactured or decomposed and excreted in the liver I cannot say. Biliverdine may combine with fats, peptone, etc., and be reabsorbed and converted into hemoglobine. The coloring matter of the bile may be the product of decomposition of hemoglobine and pass out by the bowels. The biliary salts and coloring matter may combine with peptone and form hemoglobine, or they may be the product of its decomposition.

Pleasant Ridge, Ala. J. M. WHITE.

(Assisted by Dr. A. Ziegler, Allegheny, Pa.)

[We have long believed, theoretically, that obstinate cases of anemia would be greatly benefitted by hemoglobin, administered subcutaneously, so it would reach the blood directly. We hoped that Dr. White would make a *clinical* test of this theory, but he seems to have tried it on only one case, and gives no particulars about it, only that it "got well." Here is a good chance for some one to do original work.—ED.]

Morphine Habit.

Editor MEDICAL WORLD:

Shortly after my return to the United States (I had been traveling for some twelve years far and wide, and in many lands), a lady, of the highest social position in one of our largest seaboard cities, placed herself in my care to be cured of the morphine habit, which she had contracted fifteen years previously, and had continued ever since without a day's intermission. When she consulted me she was, and had been for a long time past, consuming a drachm of morphine by hypodermic injection every few days.

The first thing I did was to put her to bed. I then carried away with me the hypodermic syringe, and every particle of morphine and opium and its preparations, tincture, etc., to be found in the house. I charged the servants not to admit these drugs into the house upon any pretext whatsoever. My next move was to give her 60 grains of bromide of sodium, night and morning, the interval between the doses to be twelve hours. After the first day I increased the amount 20 grains each day. I continued this for seven days, reaching a maximum dose of 120 grains. Before the end of the week all desire for the morphine had passed away, and at the end of the seven days she had a thorough distaste for the drug.

Two years have now elapsed, and she has not had the least desire to use morphine. The mere mention of the drug disgusts her.

A few days after the cessation of the treatment an aggravated diarrhœa set in; the only treatment that availed for this was, 2 grs. of salicylic acid every 2 hours. This promptly cured the trouble. A few days after this she was seized with severe rheumatic pains of the knee and ankle joints, thighs, etc., accompanied with considerable redness and swelling of the limbs, feet and joints, high fever, etc. Ten grains of salicate of soda, with two drops of tincture of aconite root (U. S. P.,) every two hours, effected a speedy cure.

She never has had any sickness since, and is a handsome, robust woman, with blooming cheeks, a picture of health. Formerly she was sallow, thin and irritable. She gave birth last fall to a large and healthy boy; has had ample nourishment for him. Her previous children were reared by hand, as she had no milk for them.

I have had the happiness of giving health, happiness and concord, and seeing husband and wife and children devoted to each other, where formerly all was discord and unhappiness.

All treatment in former years failed to relieve her. As two years have elapsed without a return to the habit, the treatment may be regarded as successful. A. P. BURNES, M. D.

Ellicott City, Md.

Circumcision.

Editor MEDICAL WORLD:

My attention was called July 1st, 1887, to a case of congenital phimosis, for which circumcision had been performed three weeks previous, by a physician of Greencastle, Ind.

The child, aged 15 months, had pale, haggard features, was nervous and fretful; temperature normal, acceleration of circulation, loss of appetite, etc. Upon examination I found priapism, and bladder distended. Parents stated that the urine had been dribbling for three days or more. Preputial orifice was almost closed by the cicatrix of circumcision. Necessity for relief being urgent, the child was anesthetized, the point of an abcess bistoury introduced at preputial orifice, which was nicked suffi-

Digitized by Google

ciently to allow the introduction of a grooved director, which was passed between the glans and prepuce on the dorsal aspect of the penis, back of the corona.

A bistoury was then passed along the director, the point of which transfixed the prepuce back of the cervix, the incision then being carried forward to end of fore-skin. The mucous membrane being adherent to the glans, save on dorsum, it was then dissected back, freeing the glans penis, and turning out from behind the corona a considerable quantity of smegma. The frenum was not cut, and consequently but little hemorrhage was encountered. At the close of the operation a free flow of urine took place, and the child awakened, only to fall into a quiet sleep, such a she had not had for several days. A warm water dressing was then applied and continued for 24 hours; afterwards, simply dusting the abraded surfaces with iodoform was all that was done. The mucous membrane and skin of prepuce were not united by suture, as some authors recommend, but left entirely free. On the second day after operating they were turned toward one another, and by the eighth day they had united, and all abraded surfaces had healed, leaving the glans penis entirely free.

This manner of operating leaves a ragged foreskin, but in time this will atrophy, giving the patient a free glans, and a neat appearing foreskin.

An operation of this kind will always prove a success, and give good satisfaction to the patient. There are three points to be remembered, however, to assure success when there is adhesion of prepuce to glans, viz.: 1. Carry dorsal incision of prepuce well back of cervix of glans. 2. Free the prepuce from glans by dissection. 3. By after-treatment prevent reunion of prepuce and glans. Non-separation of glans and prepuce caused failure in first operation. The glans should always be freed for cleanliness, and the less liability of contracting masturbation. Sutures used to unite mucous membrane and skin of prepuce do harm by acting as irritants. When there is a long phimotic foreskin, circumcise immediately in front of glans, and then the above operation would be the course to pursue.

A. T. KLEISER, M. D.

Waveland, Ind.

An Amputation of the Leg at its Inferior Third.

Editor MEDICAL WORLD:

To the question, "What shall a Physician Write About?" the following most excellent answer in part has been given: "His own work. His locality. These are his fields. He need not wait for some strange, seldom heard-of case. While such cases do happen, they belong rather to the curiosities of medical and surgical literature than to the practical, every day work of the physician's life. A plain, carefully studied, carefully reported case of phthisis, of fracture of one of the large bones, will be of more profit to both writer and reader than an article upon morbus Addisonii or ligature of the common carotid." In this spirit this case is presented.

About 6.40 P.M., Jan'y last, Patrick M., railroad trackman, 28 yrs. of age, while engaged in clearing snow from the tracks and around the switches in front of the station in this city, was accidentally struck by a passing engine. Upon examination it was found that his left ankle joint was severely crushed, his right ankle sprained, and his right foot slightly cut in several places.

Dr. J. A. Draper, the company's surgeon, was prompt in rendering assistance, and advised that the left foot be amputated at once for these reasons, viz:—First, the vitality of the distal portions of the limb could not be preserved; and secondly, if preserved, the foot would doubtless prove a useless incumbrance. The patient, however, refused to submit to an operation at this time. His wounds were then carefully dressed, and with anodynes taken internally he was made as comfortable as possible.

On the morning of the second day following, at 11 o'clock, the physicians assembled for the purpose of removing the limb, the family in the meantime having given their consent, and the delay having proved the correctness of the Doctor's prognosis.

The patient having been placed on the operating table, his left foot was elevated and bandaged, and the tourniquet was applied around the thigh, with a pad over the femoral artery. The limb having been brought to the edge of the table, and the patient being fully under the influence of the anesthetic, Dr. D., assisted by Drs. Meyer and Ogle of this city, then amputated the limb about four inches above the injured joint. Ether was the anesthetic used, and at the doctor's suggestion, I administered it. Two flaps were made from the anterior and posterior portions of the limb, and they were about two and a half inches in length. After dissecting the flaps back, the interosseous tissues were divided on a level with the retracted flaps, and the fibula and tibia respectively were sawed through and their edges trimmed smoothly. The anterior and posterior tibial, and interosseous arteries were then tied, with silk ligatures, and the oozing from the small vessels was checked by sponging with hot water. The flaps were now accurately adjusted and sutured; the patient replaced in bed, and the stump sup-

Digitized by Google

ported with narrow strips of adhesive plaster, extended properly and dressed with light carbolized dressings.

The patient rallied well from the ether and operation, and after being given ʒ ss of whiskey, and gr. ¼ of sulphate of morphia, was left in quite a comfortable condition. To-day, the 31st, he continues to rapidly improve; and the indications are that he will make a good recovery, and have an excellent stump for adjusting an artificial limb. W. B. REYNOLDS, M. D.

Wilmington, Del.

Reptile in Stomach.—Replies.

Editor MEDICAL WORLD:

In reply to "Doxey" in the July WORLD, in regard to the lizard, I wish to say that I have in my possession a reptile very much resembling a lizard, about eight inches in length, which was passed from the bowels of a patient of the physician who practiced here before I took charge of the office. The physician was a man whose veracity no one doubted, and he said that the reptile came from his patient. It is in a good state of preservation, and if the editor of THE WORLD would like to examine it, I will send it on to him with pleasure.

I agree with several recent writers for THE WORLD who give morphine in the early stages of labor; have found it to act well.

To Dr. Tremaine, of Moncton, Canada, and Dr. Johnson, of N. London, Minn., I will say that I treated a case of puerperal eclampsia just as they say it should be treated, and it resulted just as Dr. Boyden's case did, which they say did not have proper attention. In my case, I was not without the "neat little obstetric bag" which they advise Dr. Boyden to carry hereafter, containing all the remedies and appliances they suggest; and I think that I used them with at least average promptness and skill, but all to no purpose. The convulsions were kept under control with ether and chloroform, the pulse was kept below a hundred with veratrum viride, the child was delivered with forceps; but the fever kept up to 103, and the patient died twelve hours after delivery, never having regained consciousness.

I would like to congratulate Dr. Wilder, of Oswego, N. Y., on his successful management of his obstetrical cases with the bi-chloride method, mercurial iodide tablets, antiseptic washings of himself and the attendants, and the antiseptic padding and repadding of the patient; and at the same time will say to the readers of THE WORLD that I have had as good results in my own practice, without taking any antiseptic precaution, but that of absolute cleanliness. In a practice of nearly ten years I have never lost a puerperal patient but the one whose death from convulsions is recorded in this article. D. S. ELLIS, M. D.

Woodland, N. C.

Reptiles in the Stomach.

Editor MEDICAL WORLD:

On page 222, July number, Doxy asks for information in regard to reptiles living in the human stomach. I would refer him to Wood's Practice of Medicine, vol. 1, page 646. Also in 1875, I read an account of Dr. Bergen, of East Tennessee, extracting a snake from a young lady. As this story was published in a newspaper (*The Memphis Appeal*) I, like Doxy, having never seen such a thing, naturally discredited it. The paper gave the address of the doctor and several parties who saw the snake, that such unbelievers as myself might write and learn for ourselves. So I wrote to Dr. Bergen, asking him to give me the particulars of the case. The symptoms he described were similar to those Doxy gives of his case—violent convulsions and the skin over the stomach became cracked. The doctor had treated the young lady for the convulsions for some time without giving any permanent relief. The young lady informed the doctor at one of his visits that she had felt something coem up into her throat, and an attendant saw something she took to be part of the young lady's "insides," as she expressed it, while the young lady was having a convulsion. The doctor requested the young lady to seize with her teeth anything that might come into her mouth and send for him immediately, which she did and he took from her mouth and throat a black snake measuring 21 inches in length, and as near as I can recollect, as I quote from memory, ⅞ inches in diameter. He stated that the snake was completely enveloped in a thick tenacious slime, and that the young lady said she remembered, about six years before drinking water from a brook and swallowing something. I cannot doubt the truth of this, and as we have so many instances of frogs and other live reptiles being found hermetically sealed in rocks by quarry miners, when there was no chance for them to get a particle of atmospheric air, and we know that reptiles, especially snakes, go very deep down into the earth in the winter season, and remain until spring, when it is very likely they do not get a particle of air, we cannot see why one cannot live in the human stomach. I am almost sure Doxy's patient is affected with some living thing, and, as he has known small water lizards to be pumped out of the family cistern, I would have my mind's eye directed toward that as the source.

Digitized by Google

He could try strong emesis as a method of getting the reptile; if this should fail, then try the stomach pump; if this should fail, as a last resort, if his patient gets no relief, why not perform laparotomy? These are only suggestions. Doxy has the patient before him; he can better judge whether she is infested with a living reptile or not.

As there is a discussion going on in THE WORLD in regard to opium in cholera infantum, I would like to give my experience. Dr. Edson is right, are is also Drs. Murray and Record. Opium is a very appropriate remedy for cholera infantum, dysentery and summer complaint where there is continual diarrhea with griping and a great deal of straining, when there is little or no fever and no determination of blood to the head. If there is a tendency to congestion of brain indicated by hot head, cold extremities, lying with the eyes half closed and rolled back until only the white is to be seen, pupils contracted, or when the child has convulsions, then it is when opium kills. It certainly will increase the congestion of the brain by its stimulating property, and very frequently one dose, and a small one at that, will kill. Opium is a great remedy for good or for evil. When given at the right time and in the proper doses it is a great auxiliary in the treatment of these bowel troubles, but the great misfortune with this generally is, when we find our patients suffering so intensely and knowing opium to be a great pain stiller, we are too prone to resort to it regardless of other symptoms, which may contraindicate its use. What is true of opium is true of any and all of its alkaloids. My advice to the brethren is to be careful in giving opium, or its alkaloids in cholera infantum, or other bowel diseases. There are symptoms that contraindicate it, and when it is contraindicated you are lucky if you do not have a funeral to attend when you give it.

I wish to thank Dr. P. N. Jacobus for his excellent article on "Lingering Disorders of the Digestive Organs," published in July number. I hope we will hear from him again soon, for this is a subject that we need a great deal more light upon, and if every subscriber of THE WORLD headed by the editors would discuss this matter for a whole year it would be perhaps worth tens of thousands of dollar to the readers of your journal. Indigestion is sapping the foundation of many strong, robust constitutions, and many of our incurable diseases are the result of this thing. Let us have more from our friends on this subject, even Dr. Holcombe's experience with rattlesnake poison.

J. P. BAIRD.

Pesch, Texas.

Salivary Calculi.

Editor MEDICAL WORLD:

I wish to report a case which I think is of interest as well as very uncommon. A few months ago, while living in Southwest Arkansas, I was called to see Mr. R., aged about fifty years, a large muscular fellow, farmer of good habits. I found him with an abscess in the right submaxillary triangle. I made a free incision along the inner border of the inferior maxilla, under side of the tongue, and felt my lance grate over some hard substance. After a copious discharge of pus I made another cut at right angles and across the point where I had felt the grating; by using a pair of bullet forceps I removed two calculi about the size and shape of a 44-100 cartridge ball. They were very dense, and the large extremity of each had a smooth facet. Mr. R. told me that he had suffered on two previous occasions in same way with the same result—each time getting two "rocks" similar to the above. The attacks had returned regularly after lapse of five years each time.

The cause was doubtless the closure of the ducts of the sub-maxillary gland. The saliva being secreted had no exit—fluid reabsorbed—solids forming this calculus. What caused suppuration? Was it the pressure after the calculi reached certain dimensions? The periodicity would indicate this.

Paris, Texas. T. F. RUTHERFORD, M. D.

A New Idea.

Editor MEDICAL WORLD:

I am not unmindful of the fact that, as a rule, when any inovation is suggested, if it has real merit, and is destined to be finally adopted, it is received with an elevated external olfactory organ in the most frigid way. It would take more space than THE WORLD ought to afford to show the advantages of the doctor being recognizable anywhere by his outward apparel. For instance: Some emergency requires prompt medical aid; a messenger is despatched for the nearest doctor; he is not in; another is sought after, and perhaps another, when it may be that one or or more doctors may have been passed unrecognized on the street. Clergymen are readily distinguished without their doing violence to prevailing fashions.

My suggestion is that regular physicians and surgeons, when in the active practice of the profession, wear olive-colored clothes. The olive branch is the emblem and harbinger of peace, as is the mission of the true physician.

Let this be done by the readers of THE WORLD, and the fashion would become contagious, and physicians would be known wherever met. I. H. STEARNS, M. D.

Monroe, Mich.

Digitized by Google

Typho-Malarial Fever.

Editor MEDICAL WORLD:

To the present I have been content to read in silence the interesting and valuable articles that appear in THE WORLD, and I should perhaps continue to pursue the even tenor of my way, but there seems to be so much discrepency of opinion in regard to the so called typho-malarial fever that I can't refrain from adding a word or two. A little reflection inclines me to the opinion that said discrepency arises from the fact that said disease exhibits different aspects in different climes. From the discriptions of different writers, whose fields of observation are very remote from each other, such an inference is quite inevitable. Whether the disease is really dual in character or not, a blending, so to speak, of typhoid and malarial fever, I am not prepared to say; but thus it seems to me. That the name typho-malarial fever happily comprehends and beautifully expresses the character of the malady as it prevails here I do maintain. That we do have such a combination, the symptoms and course indicate.

I shall now endeavor to give you a history of this innominate disease, that you may make out your own diagnosis.

Here on the eastern shore of Maryland, we have malarial fevers in all forms and types. Authority holds and teaches that typhoid fever is unknown in miasmatic sections, and that quinine in heroic doses will down them all except that innominable disease.

I am now at this time treating the little daughter of a preacher whose case will illustrate them all. About twelve days ago this little girl experienced a chill, which of course was soon followed by a rapid rise of temperature. In a few hours the fever subsided; next day she had another chill followed by high fever. Having been called in at this stage of affairs I put her upon pretty liberal doses of the conqueror of chills, but as it appears with negative results. It is true I succeeded in reducing the temperature from 104° to 103°, where it stopped and persistently refused to go down any further. Since that time, about 12 days ago, it has run a pretty uniform course, losing 1° from night to morning, and gaining the same from morning to night.

She now lies with a rather darkly flushed face, delirious muttering, teeth covered with sordes, tongue dry, brown and cracked; skin hot, dry, and looking ashy; diarrhea. Can be roused but soon lapses into her former state. And, according to my experience with other cases, I may look for tympanites, tenderness in right iliac region and hemorrhage from the bowels a little later. In some of these cases the temperature runs much higher than in this little girl's case. Doesn't it look like typhoid? Yes, but she lives in a very malarial region, has no rose-colored lenticular spots, nor did the disorder begin insidiously.

Now, this is about the course and behavior of this fever here, and it will run from three to six weeks. Thirty grains of quinia at a single dose (adult) will reduce the temperture to the normal degree, but it wont stay there, and I hardly think many would risk that quantity often.

What think you, Mr. Editor, and brethren? Please let us hear from you.

Let THE WORLD roll; we can't do without it.

Allen, Md. J. I. T. LONG, M. D.

[Your case looks like one of typhoid. The spots are absent in about thirty per cent. of cases. The onset is not *always* insidious. Is it not possible that in intensely malarious districts, malarial poison should take advantage of the first weakening of the system, and by its rapid development, become the first distinct disturbance, to be replaced or modified by the typhoid symptoms as they arise? In the above case the quinine may have eliminated the malarial element, leaving the pure typhoid symptoms. Then again, leaving typhoid out of the question, the severe malarial attack may have caused congestion or inflammation of the bowels or other internal organs, which being perpetuated, is capable of producing typhoid symptoms, or the typhoid condition. The most careful examination and consideration of each individual case is necessary to determine a diagnosis in such cases.—ED.]

Recovery from a Gun Shot Wound in the Abdomen.

Editor MEDICAL WORLD:

On April 23rd, at 2 A. M., I was called to see Mrs. E. and found that she was shot in the abdomen, about six inches to the right and a little above the umbilicus. She was about seven months gone in pregnancy. It seems that she and another lady were fooling with a revolver of 32-calibre, which they supposed was not loaded. This lady friend pointed the revolver at Mrs. E., and pulled the trigger, inflicting the above named wound. She would not allow the wound to be probed, and as she was sitting up, and did not seem to be in any pain, I simply applied a compress and bandage and departed. I insisted on her lying down, but she remained up most of the day, washing dishes, etc. Pulse natural. Late in the evening she had a rigor, followed with fever, and I was again summoned. I gave her 10 grs. of Dover's powder, to be repeated in two hours. About one o'clock in the morning of the 24th, I was

Digitized by Google

again called and found her perspiring nicely, labor coming on slowly, with hemorrhage and badly smelling amniotic waters. Gave a teaspoonful of fld. ext. ergot and in a short time completed delivery.

The child was a well-developed male, which proved to be shot through the head, the bones of the head being literally pulverized. After delivery I scooped out the afterbirth and clotted blood. The uterus contracted well. I now gave her a half gr. morphine, applied the bandage, and as she said she felt all right I departed, telling her husband that in all probability she would die from peritonitis, and requested him to summon Dr. Roberts, of Terre Haute. The Dr. promptly came, in company with Dr. Wm. Hayworth, of the same city. We held a council on the eve of the 24th. She was perspiring nicely, said she was in no pain, and sat up in bed and talked to the doctors. We put her on Dover's powders in order to hold her bowels quiet, and ordered injections of hot water and salt. On the 28th her bowels moved nicely, no fever, still perspiring. Is up and around some, is not suffering any pain, says she feels well. Is not taking any medicine, says she needs none. May 2d, was called and found her flooding but soon checked it with fld. ext. ergot in drachm doses. This morning, May 20th, I met her husband, and he tells me that she has cleaned the house, whitewashed and seems to be well as ever.

Mrs. E. is a well built German lady, 30 years old. Is rather tall, and weighs about 165 lbs. She brags on her constitution, says she was never sick in her life. The ball remains somewhere in her body. This I consider a remarkable case of recovery, and almost proves the old saying "that a German cannot be killed." J. S. LEACHMAN, M. D.

Fontanet, Ind.

[Is not "literally pulverized" a slight exaggeration?—ED.]

Perforating Wound of the Abdomen.

Editor MEDICAL WORLD:

I will give you a brief history of what I consider a remarkably interesting case. Mr. Lewis, in an altercation, was stabbed with a dirk knife about dusk, on the 8th of July, 1887. The knife entered the abdomen left of the median line, on a line drawn from the spine of the ilium to the umbilicus, about one and one-half inches from the umbilicus, taking an oblique course toward the right side. There was an escape of fecal matter, with several pieces of the undigested hulls of string beans (I drew a piece of hull about 1¼ inches long, from the wound), probably three ounces in all. Enterrorophy being objected to, the wound was cleansed, and the lips drawn together; peritonitis arose, which was treated in the usual way, according to Gross and Bartholow. The patient is still alive; no fever; about one alvine evacuation daily; good appetite, and as strong as many who are performing their daily labor. The wound is suppurating. There is a hard and tender spot in the right iliac region, which yields to treatment of typhlitis.

What I look upon as remarkably interesting is, that my patient is among the living to-day. Gross states such cases to be inevitably fatal. Erichson gives us a possible hope. What are the chances for my patient to recover? One distressing and uncontrollable symptom—singultus—was, thanks to the timely arrival of your Manual of Treatment, promptly relieved by one dose of the remedy which has never failed you, with no return of the trouble. Let me have your opinion of my patient's chances of recovery. R. W. WHITE, M. D.

Chincoteague Island, Va.

[It is remarkable that your patient is not dead. It seems now that he will recover. Let us know the final results.—ED.]

Diagnosis and Treatment of Dr. Slicer's Dyspepsia.

Editor MEDICAL WORLD:

In answer to I. E. Slicer, in August issue of THE MEDICAL WORLD, page 313, may I suggest that his trouble may be due to dilatation of the stomach, consequent upon, perhaps, more or less stenosis of the pyloric orifice.

Dyspepsia is but a vague term, after all. It is only a symptom of some trouble in the alimentary canal. His vomiting of food, so long after ingestion, would seem to indicate some delay in the stomach. Would like to ask if he vomits large quantities, and easily; that is, if it is mere regurgitation. If so it would still more tend to confirm the opinion of dilatation. Is it not likely, as the gastric juice does little more than disintegrate vegetable substances, their true digestion taking place in the intestine, that delay in the stomach, and fermentation, causes his inability to tolerate vegetables? The constipation is due to want of proper stimulation of the intestinal tract.

As to treatment, I would suggest *small* doses of rhubarb and aloes *before* meals, and the digestive ferments immediately after meals. Pepsin, Pancreatine and Ptyalin, as combined in Lacto-peptine, has met with excellent results in my hands. L. C. POTTER M. D.

Sherwood, N. Y.

Digitized by Google

EDITOR MEDICAL WORLD:

In reply to "Treatment Wanted," in July number, I would suggest in cases of insufficiency of milk the following: Avoid all pressure over the breast, lifting it clear of corset after every nursing. Rub gently into the entire breast, and in axilla, as much *warm castor oil* as the parts will absorb, thrice daily. The milk will not fail; and the mammary glands will develop. MARY WHITNEY, M. D.

E. Oakland, Cal.

Replies to Dr. Higgins' Questions.

EDITOR MEDICAL WORLD:

The list of questions propounded by Dr. F. W. Higgins in the June WORLD on Typhoid fever, are answered below:

1. The characteristic rise of temperature, tenderness in right iliac fossa, eruption, and dirrahea.
2. Is due to a specific poison, (organized germ?).
3. About fourteen days.
4. Headache, vomiting of greenish fluid, slight diarrhea, tongue furred, skin hot and dry, respiration and pulse accelerated, and abdomen tympanitic.
5. About four weeks.
6. About 18 per cent., but differs with different epidemics.
7. Is less in children.
8. It does not, but the attack is generally milder.
9. About seven days.
10. At 8 o'clock, evening and morning.
11. By lysis.
12. The changes in Peyers patches and solitary glands.
13. Has acquired a grayish or brown color (feuille morte, or faded leaf tint), and is soft and flabby.
14. A granular and amyloid degeneration.
15. The spleen.
16. Entric fever, and infantile remittent fever.
17. In autumn.
18. There is less.
19. There should.
20. In the right iliac fossa.
21. The characteristic eruption.
22. Is caused, as in other fevers where there is much perspiration, by the mouths of the sweat follicles becoming closed, and the excessive acid liquid collecting and distending the follicles.
23. About 110 or 120.
24. About 35.
25. 104°–105°.
26. 107°.
27. Intestinal hemorrhage.
28. Might be a relapse.
29. Mental hebetude, delerium, etc.
30. Inflammation and ulceration of the mucous membrane lining the eustachian tube.
31. Low muttering delerium gradually passing into a comatose condition; feeble heart, with first sound indistinct; dry brown tongue, and sordes on lips and teeth; subsultus.
32. Worse.
33. Worse if profuse.
34. Worse.
35. Better, if not too obstinate.
36. By being high from first, irregular, and having no morning remissions.
37. No eruption in acute tuberculosis.
38. Heart failure, epistaxis or intestinal hemorrhage, toxemina as a result of hyperpyrexia, imperfect excretion, or absorption of septic matters, perforation of bowels, peritonitis or other complication.
39. Yellow ochre, pea soup or new cider.
40. Coffee grounds color.
41. By using a porcelain bed pan, covered over the bottom with a layer of powered sulphate of copper, and after the discharge covering it all over with Hydrochloric acid.
42. Bury them in trenches away from privies and drains.
43. By keeping the patient perfectly quiet, and semi-narcotizing with small doses of opium, and hypodermic injections of ergotin.
44. By means of turpentine stupes to abdomen, enema or intestinal tube.
45. By application of cold and styptics locally.
46. Hypodermics of ergotin and plugging the nostrils.
47. 65° F.
48. Milk in small quantities, diluted with lime water, and at short intervals.
49. By securing a large room with fire place if possible, and opening windows in it, or the adjoining rooms, so as to keep the patient from draughts.
50. The poison in the fecal discharges of the sick undergoes development outside the body, especially in soil saturated with organic matter, and gains access to the system through the air we breath and the water we drink.
51. Would give an emetic, and apply sinapisms to the epigastrium.
52. Morphia hypodermically or laudanum injections.
53. If anything, would give an enema containing a little turpentine.
54. 104°-5°.
55. Cold sponging, sulphate of quinine in doses of grs. xv-xx, and repeated if necessary.

Digitized by Google

56. When there is weakness of heart power, with indistinct first sound, subsultus and dry brown tongue.

57. By scrupulous cleanliness, bathing the parts with spts. of camphor, and changing the position.

58. Would give chloral hydrate, and pass a folded sheet over the chest and fasten to the sides of the bed.

59. Thrombosis of femoral vein, or paralysis.

60. By frequently changing the position of the patient, and giving heart stimulants.

61. Stimulants should be given, or increased if previously used.

62. A very small per cent. recover.

63. To give opium in small repeated doses, so as to check the peristaltic action of the bowels.

64. Let it alone.

J. M. SITES, M. D.

Upper Tract, W. Va.

The Eye in Disease.

Editor MEDICAL WORLD:

1. Vision is exalted in inflammation of brain. Impaired or perverted in other disorders of the brain, whether organic or functional.

2. It is impaired or lost in softening of the brain, in apoplexy, with tumors, and during violent attacks of hysteria.

3. It is doubled in cerebral disease, unless connected with strabismus.

4. Strabismus occurs in cerebral ailments, as convulsions, meningitis, tumors at the base of the brain, effusion into ventricles, and previously to an attack of apoplexy.

5. Illusions occur in sick-headache, and in derangement of the mind, either temporary or permanent, rather than in recognizable organic disease of brain.

6. Muscæ volitantes have little significance, and are found in almost any form of cerebral disturbance; also, in anemia of the brain, cardiac maladies, neuroses and in general nervous exhaustion.

7. Spasms of lids occur in defective circulation, in chorea and in hysteria.

8. Brilliancy of eyes in meningitis, insanity and ovaritis.

9. Dilatation of both pupils occurs in compression of the brain, from fluid in the ventricles or arachnoid spaces; also, in chlorosis, apoplexy, and lesions in the medulla oblongata.

10. Pupils sluggish to light in congestion of the brain, and in low fevers.

11. Contraction of pupils occur in early stages of cerebral inflammation when it is associated with intolerance of light; a condition which is absent if the pupil contraction arises from coma or narcotics; also, in spinal disease. One-sided contraction is due to brain lesion on that side, apolplexy of pons of varolii, and also to tumors at the root of the neck.

The drugs which dilate the pupils are belladonna, atropia, stramonium, hyoscyamus, duboisia, homatropine and gelsemium. Those which contract the pupil are physostigma, eserin, jaborandi, pilocarpin, opium and morphia.

DR. C. COLEMAN BENSON.

411 N. Charles St., Balto., Md.

Prescription Blank.

Editor MEDICAL WORLD:

August number contains an article on a "New Prescription Blank." We use a form which we think better, being more convenient, and allowing no chance of error in the copy. It is as follows:

A piece of carbon paper is placed on the blank half of the leaf, and the other half folded back upon the carbon paper. Write prescription with a common lead pencil, and you have a fac-simile of your prescription. We think every physician should retain a copy of his prescriptions for future reference.

Minneapolis, Minn. C. A. CHASE, M.D.

Orange Blossom.

By request we republish the following from October WORLD, 1866:

Editor MEDICAL WORLD:

Having noticed an inquiry in the August WORLD in regard to the composition of a vaginal suppository by the name of "Orange Blossom," I herewith send the formula, as given in Stearns' *New Idea* for November, 1885:

℞ Zinc sulphate.....3 j
Alum.....gr. xv
Cocoa butter.....3 iij
White wax.....3 ss
Oil sweet almonds.....3 jss
Extract henbane.....gr. j

It is described as "an oblong body, about one inch long by one and one-half inches wide, and one-half inch thick, weighing fully two grammes (thirty-one grains), of a rancid, fatty odor and astringent, metallic taste. The reaction is very acid." W. V. GRIMES, M.D.

Oakland, Cal.

Dr. C. E. Phillips, of Wilton, Wis., offers to give $1.50 per volume for the first four volumes of THE MEDICAL WORLD. Also, wants No. 4, Volume V. (April number, 1887).

Dr. William N. Deming, of Coventry Centre, R. I., offers 25 cents each for April and May numbers, 1887. If any are willing to part with their back numbers, please correspond with the above.

Digitized by Google

Home-Made Apparatus for Gaseous Enemata.

Editor MEDICAL WORLD:

By request I send you a brief description of the apparatus used by me for administering gaseous enemata.

A piece of rubber cloth, about twenty by thirty inches, is folded with rubber side in, and glued with a good substantial glue.

An ordinary gas stop-cock, with about three inches of gas pipe screwed in, is securely glued into one corner of the bag.

The metallic top of a fruit jar is perforated twice, about two inches apart. Into one is soldered a piece of gas pipe, long enough to reach near the bottom of the jar, with two inches above.

Into the other perforation is soldered a short piece, which of course just enters the jar.

Two rubber tubes, with a gum catheter fixed into the end of one, puts the apparatus in a shape that any intelligent physician can make the application.

I prefer this apparatus only on account of the cheapness. It should not cost over eighty cents total, and any plumber or tinner can do the work.

The jars are convenient, as they can be left one at each patient's house, and the same top carried with tubing, from house to house. I use the catheter instead of a syringe nozzle, as fecal matter is liable to close the latter and interrupt the process.

I use the iron tubes, after breaking many glass ones, and being bothered in keeping them tight, etc.

As regards the patients now under treatment, I have noticed a gradual improvement. Only two unfavorable symptoms have been noticed.

One patient suffered from prostration, which lasted about twenty-four hours (preceded by vomiting and purging). This occurred where as much as four quarts was given at once. Another patient who had a heart lesion swooned after about six quarts had been given; she soon recovered, and four quart doses afterwards caused no unpleasant effects.

Constipation is generally relieved. Only one case has been treated a sufficient time to give any permanent relief, therefore I will defer any further report till next month.

W. F. ROCHELLE, M.D.

Jackson, Tenn.

Pathology and Treatment of Lightning Stroke.

A subscriber requests an article on the pathology and treatment of lightning stroke. We referred the subject to Dr. B. T. Shimwell, of this city, whose paper is given below:

The importance of a knowledge of the effect of lightning is not alone in the fact of its treatment, but in the understanding of the question which might arise in regard to the cause of death of an individual found by the wayside or in some deserted field. The effect of lightning is not always constant in its action. In some cases an amount of injury might be inflicted whose close resemblance to a mechanical one might be such as to confuse the observer; while in others there may be no marks or change to account for the result.

The death in fatal cases is often so sudden as to make no change in attitude; yet there is a fair chance of recovery in those cases that have been stunned more or less severely; yet a case may linger, then die as a result of the severe lacerations or burns.

Generally there is some mark at the point of entrance or exit from the body. This may be a severe laceration or burn, or an extensive ecchymosis, which is most commonly found on the skin of the back. The wound may have a punctured character, as if from a blunt instrument. Fracture of bones is very rare. The clothes are mostly torn and partly singed, and give rise to a peculiar odor. Heavy boots have been torn and rent and the feet show no marks. Metals are fused and articles of steel acquire a polarity. Burns varying in severity are common. They were supposed to be due to the clothes taking fire; yet the body has been burnt and the clothes remain intact. Red streaks extending up and down the body are frequently seen; these disappear in a few days. The markings that are frequently spoken of as resembling near objects at time of the stroke are the effect of imagination. The markings have a tendency to arborescence. This we find when they are either patches of erythema, urticaria, superficial ecchymosis, or scorching. Thus the natural tendency in their arrangement has given rise to the opinion that they are photographic images from surrounding objects.

There is no pathological change, persons seeming to die by the amount of shock produced. Post mortems have shown the vessels of the cerebral membranes congested; the brain contained much blood, especially in the choroidal plexus; the lungs loaded with dark blood; deficiency of blood in the heart and great vessels; the vessels of the stomach and intestines more than usually congested. These are not, as is readily seen, true pathological changes. The one thing that formerly was claimed as peculiar to this was that the blood was never found coagulated; but as this has been found not to be constant, there is no such special pathological change in lightning stroke.

Digitized by Google

Generally there is no pain, the person lapsing into a state of unconsciousness. There is insensibility, entire relaxation of muscular system, respiration deep, slow and interrupted, pulse soft and slow, pupils dilated and sensible to light. This resembles concussion of the brain. Others may be only stunned and have no marked symptoms except more or less confusion. Others have passed into delirium. Severe cases, as a rule, leave something secondary, as paralysis or other symptoms of nervous disorganization.

Experiments have been made to find the conductibility of muscle. It is three million times weaker than mercury, fifteen million times below copper; yet the human body is struck even while more conductible things surround them. Two persons may sit together and one be struck and the other not affected.

The treatment is similar to that for concussion of the brain, meeting symptoms as they arise. If delirious, lessen the exciting cause. If insanity arise, its special care. Special treatment to special symptoms. Wisely do nothing until there are positive indications.

Dr. Ferrin, of Valley City, Dak., in reply to Dr. Medaris' case of placenta previa, states that the doctor should have used his left hand to manipulate the uterus, to prevent, as well as to discover, post-partum hemorrhage.

He states that it is his invariable custom to perform this manipulation, or to have an assistant to do so, until the uterus is permanently contracted.

The Doctor closes his letter by giving the readers the following "nut to crack":

"On the third day after a normal delivery, you find your patient with a temperature of 105°, pulse 140, severe headache, lochia nearly suppressed but not septic, with no other symptoms. What is the matter with her? Please give me your diagnosis, prognosis and treatment."

Interesting Case of Traumatic Injury.

Editor MEDICAL WORLD:

The case of D. U. D., in the August number, reminds me of a very singular case that I attended last summer.

I was called in great haste to attend a young lad, about eight years of age, who, the messenger said, had been run over by a wagon loaded with flag-stone.

The weight of the wagon and its load was exactly 4423 pounds. I saw it weighed myself, so I cannot be mistaken.

The driver and another man were on this same wagon, and close behind them—so close that the horses came very near stepping on the boy before they could be stopped—was another load, on which were two men.

Now, these four men say positively, that they saw the hind wheel pass over the boy's body. The men were all talking and joking with the boy, and were looking directly at him when the accident occurred. They say that the boy was sitting on the edge of the load, directly behind the forward wheel. He jumped off, and as he struck the ground, fell backwards, so that his body lay across the track. The road was slightly down grade, and before the wagon could be stopped, the wheel passed over him.

After the wheel passed over him, he arose partly, and one of the men carried him into a neighbor's house. When I saw him he was lying on a sofa, and seemed to be quite comfortable. He arose from the sofa and walked to a chair. I asked him if he had any pain. He said, "Not much, only my stomach aches a little."

I examined him thoroughly, and could find no injury whatever except a red band, about the width of the wagon-tire, transversely across his body, just below the sternum.

Pulse normal, no vomiting. In fact, there was nothing to indicate any serious injury. That evening he walked out to the wagon and rode to his home, a distance of one-quarter mile. I gave him ¼ gr. opium every six hours, or more often if pain increased. Ordered his food to be of a liquid nature.

June 6 (the day after the injury) Complained of more pain. Pulse, 110; temperature, 100½. Bowels moved while I was there. Contained no blood. Color of stool yellow. Ordered opium to be given often enough to quiet pain. Also, ordered cloths, dipped in warm water, to be applied over abdomen.

June 7. Pulse and temperature the same. Had eaten an ordinary quantity of food, principally milk. Complained of considerable nausea at times, but had not vomited. Quite tender over stomach and bowels; very thirsty. Ordered him to be given small pieces of ice, in place of too much water.

June 8. Pulse, 120; temperature, 102. Bowels slightly distended; had vomited twice. Saw vomited matter; looked like water, except a few curds of milk.

June 9. Pulse, 135; temperature, 103½. Bowels greatly distended and very tender. Had not vomited since the evening before until about one hour before my arrival. Complained suddenly of excruciating pain, and immediately after vomited about one quart of a dark-colored fluid, resembling coffee-grounds.

Digitized by Google

Gave him a hypodermic injection of morphine. He would not allow it to be repeated. Ordered an enema of one-half drachm tr. opii in one-half ounce mucilage. Retained this first-rate, without producing any desire for a movement of bowels. Told them to repeat it as often as was necessary.

Continued to grow worse, and died one week from the date of injury. Remained conscious to the last.

No post-mortem was allowed. Of course, the distention, etc., was due to traumatic peritonitis. Brother doctors, I would he pleased to have you criticise this case.

Can it be possible that the wheel passed over the boy's body? If so, what prevented him from being literally cut in two? There were no stones or depressions in the road, whereby any weight could have been taken from him.

What was the cause of the sudden pain, followed by a copious vomiting of blood three days after the injury?

In conclusion, let me say that although I have only been a reader of THE WORLD six months, I would not take one dollar for each copy I receive. M. K. ENGELL.

South Valley, N. Y.

Cocaine in Hay Fever.

Editor MEDICAL WORLD:

In the May number of your journal I see request for treatment of hay fever, from Dr. G. N. Jacques. Some remedies were given, but as I have had a case under my observation and treatment for four years, I thought it might be a benefit to some of our inquiring friends to give treatment of present year which has been most successful.

J. M. Davis, aged 54, was attacked with hay fever in June, 1872, since which time he has been annually prostrated by the disease, which sets up about the 20th of June and continues until frost. I have been unable to do anything but palliate the suffering of my patient until the present year. Mr. D. came to me at the usual time of the attack and was in great distress. Upon examination of nasal cavities I discovered a well marked ulcer on the septal mucous membrane which I treated successfully with actual cautery. I then made an ointment composed of muriate cocoaine, gr. vj, to vaseline, ℥j; to be applied to the nasal membrane. The object of this is to anesthetize the nasal membrane and thereby relieve the irritability, together with the protection afforded by the vasaline from foreign substances which act as exciting causes. For the cough, which gave my patient no little trouble, I prescribed the following:

℞. Grindelia robusta.....℥ij
Fl. ext. zerbosante.....℥j
Syr. wild cherry.....℥iij
Iodid. potass.....gr. xl.
M. SIG.—Teaspoonful 4 times daily.

The tonic treatment consisted of quinia, gr. ij, thrice daily. I requested patient to report within a few days, and to my suprise and pleasure ten days later, Mr. D. returned to inform me that his hay fever had disappeared. The local treatment has been continued, and up to the present time there is no return of symptoms, notwithstanding my patient has worked right along through the hay harvest. I desire to say to my medical brethren that I have great faith in the efficacy of cocaine as a local application in the treatment of hay fever. Give it a trial. E. S. MCDONALD, M. D.

Cameron, Mo.

A Very Peculiar Case.

Editor MEDICAL WORLD:

Wanted—Diagnosis, treatment and a parallel case of the following: Mr. M——, age 40, temperament nervo-sanguine, healthy, active habits, temperate, and all organs normal except the following: Was taken about the first of Jan. 1887, with following train of symptoms, without any premonition. About ½ hour after usual intercourse with his wife, he was seized with an excrutiating pain in the rectum; he had to get out of bed and walk the floor; profuse cold perspiration broke out. The pain continued about ½ hour, then gradually passed off. Fearing a similar ordeal he abstained for about one month, then had a nocturnal emission with the same train of symptoms; he was afflicted with the same trouble about five months, either from sexual intercourse, or from involuntary emissions, since which time (the past 3 months) he has intercourse with his wife without the fiery ordeal. He has left varicocele from childhood, with small testicle which gives him no pain or inconvenience. He has no hypertrophy of prostate, no disease of vas deferens or rectum, no piles. He is usually amorous, with free emissions. Not until the emission has occurred, erection subsided and an interval of ½ hour has elapsed, does he suffer any inconvenience. Please give diagnosis and treatment.

DR. GEO. F. PECKHAM.

Elyria, Ohio.

Digitized by Google

Morphine in Labor.

Editor MEDICAL WORLD:

I have read with much pleasure Dr. A. R. Garey's note on "Opium in Labor" (June WORLD, p. 191), and so firmly am I convinced of the utility and safety of the opium preparations in the first stage of labor (I have no experience with opium in post-partum hemorrhage) that I cannot refrain from a quotation from my case book of two very striking cases.

Case 1. Primipara, aged 19. Mother and three sisters always had the hardest and most tedious of labors—often requiring instrumental aid. She complained of pains simulating those of labor, June 1st, at 8 A. M., in the 8th month of gestation. A slight hemorrhage followed the first pain. The pains becoming frequent and regular, I was called. On examination found the os patulous, but no dilatition. Directed absolute rest, and prescribed Sharpe and Dohme's tablet of morph. sulph. gr. ¼, atropia $\frac{1}{120}$ every hour, until easy. But three doses were required. Pains recurred same day at 4 P. M. Two doses were then taken. Severe pains occurred June 2d at 2 A. M. I found the head well down on the perineum. Labor progressed rapidly and well, and in eighty minutes a nine-pound boy was born, chloroform being used freely and the patient having been suffering hard pains but *one and one-half hours.*

Case 2. Primipara, aged 18. Husband came for medicine at 3 A. M., June 5th. Sent morphine tablets to be given, as in case 1. Visited her at 4 P. M. Found her easy since taking second dose. Was called June 6th at 5 P. M. Female child was born in half an hour after my arrival, hard pains having begun only an hour previous to my arrival. No chloroform was used.

I have pursued this treatment in eight cases, the results being equally satisfactory with the cases cited. I have never used chloral hydrate in the first stage of labor to any extent, and for this reason, the dose given to produce a satisfactory effect must be a maximum—not less than twenty grains; and as many of my patients are several miles distant, I cannot entrust so potent and quickly acting a remedy in their hands, thus compelling my constant attendance after the first call. Of course, the morphine treatment is limited in its utility to primiparæ—which are most usually tedious and difficult.

G. V. HALE, M. D.

Wheatland, Texas.

For Leucorrhea.

ED. MEDICAL WORLD:

As a safe and practical treatment of leucorrhea, asked for by L. M. Curry, of Dufur, Oregon, in the August number of THE WORLD, I would modestly offer the following plan and remedies:

I should first satisfy myself by digital examination and the careful use of the speculum, that there is no displacement of the uterus, nor morbid growths. If none of these complications are found, I should proceed to build up the general system by a nourishing diet and by chalybeate tonics, with due attention to exercise, that the exigencies of the case might seem to require. As a general treatment for the derangement of the uterus and vaginal canal I should prescribe the following, which I have found a valuable tonic in leucorrhea and other affections of the uterus and appendages, viz.:

Take of
Water,.....One pint.
Sulphate of Magnesia, as much as it will dissolve.
Sulphate of iron,.....One dram.
Mix, filter and add
Aromatic Sulphuric Acid,....One fl. dram.

Dose.—One tablespoonful, or, a sufficient quantity to relax the bowels. To be taken immediately on arising.

Locally, I should order a warm sitz bath daily, to be followed by the following astringent injection to the os uteri and vaginal canal:

℞. Tannin,.....℈ j
Zinci sulphatis,..... ʒ iv
Aquæ,.....fl. O. j

M. S.—Warm to 98° and inject slowly, with Davidson's or fountain syringe.

Following the above plan of treatment I rarely have any trouble in relieving obstinate cases of leucorrhea. Allow me to reiterate that I should make a careful examination of the neck and body for displacements or morbid growths or ulcers that must be removed before any treatment can be beneficial. In conclusion allow me to say that I do not claim to be either older or wiser than my confrere of the Pacific Slope. But as I have received valuable and timely assistance from THE WORLD, I modestly offer my mite for what it is worth, hoping that I may thus make some small return for the beneficial hints and instructions that I have received in the past.

Musson, La. A. W. TUFTS.

Editor MEDICAL WORLD:

I have had great success in the treatment of headaches with the following formula:—

℞ Morphinæ sulphatis.....gr. ss
Sodii bromidi.....gr. xl
M—et. fiant chartulas No. ij.
SIG:—Take one powder dissolved in a wineglass of water. To be repeated in an hour if necessary.

It relieves a headache where morphia or the bromides, given singly or in combination with other remedies, fail.

West Superior, Wis. JOHN SPECHT, M. D.

Digitized by Google

For Infantile Colic.

Editor MEDICAL WORLD:

In the June number, page 189, "Young Sawbones" gives a prescription for "Infant's Colic," and modestly recommends it to "Young Medicos." Annexed you will find my prescription for "Infant's Colic," which I also very modestly recommend to old and young medicos as a sure remedy to almost immediately relieve the little sufferer:

℞ Tinct. rhei.....
Aassafœtida.....āā.... ʒij
Carb. magnesia..... .....ʒ iss
Aquæ anisi.....
Syrupi..... .....āā.... ʒij

Five to ten drops in breast milk once or twice a day, or when required.

Troy, N. Y. V. C. MURPHY, M. D.

Cure for Itch.

Editor MEDICAL WORLD:

I see in THE WORLD for June a number of formulæ for prairie itch, Michigan or camp itch. Have had for the past eight or ten years a great many to treat, which baffled my skill till I happily met the right preparation, applied it and have never failed of a cure since. For the benefit of the tormented race with camp itch I give it.

℞ Vaseline.....ʒ vj
Sulphur.....ʒ j
Fluid hydrastis.....
Fl. ext. hamamelis.....āā.... ʒ j

M.

Anoint every second day and night; bathe thoroughly with warm soap and water previous to each application.

Elyria, O. GEO. F. PECKHAM, M. D.

Nervous Aphonia.

EDS. MEDICAL WORLD:

Miss Annie C., age 26, during a severe cold on the 22d of last September, suddenly lost her voice. She remained in this condition, never having been able to speak louder than an ordinary whisper, until last Saturday afternoon, June 4th.

During the time she was almost continuously under my care and treatment; I tried almost every remedy that was recommended, but failed to relieve her, until last Saturday morning she came into my office and said that she had given up all hopes of ever talking aloud again. I talked to her for some time told her that she was better, and would regain her voice in a few days; advised several home remedies, one of which was a strong solution of black pepper to use freely as a gargle; this she did, when during the strangulation while using the gargle, out came the first word—"pshaw!"

Her voice has continued natural since.

Sullivan, Ind. SAMUEL D. WEIR, M. D.

Carbonate of Lithia.

Editor MEDICAL WORLD:

I think the following would be of some value to my professional brethren:

The carbonate of lithia, given in from 2–4 grain doses will relieve the most aggravated case of cystitis in from fifteen minutes to half an hour. It is positive in its effects in this disease. Opium, or any of its compounds, will not give the relief that can be obtained from lithia. In varicose veins, when the patient suffers such exquisite pain, its action is as prompt as in cystitis. In irritation of the prostate gland, or along the urethral canal, there is certainly no remedy in the materia medica that will give the instant relief that can be obtained from the lithia. DR. MATTNER.

San Francisco, Cal.

[Doctor, will you kindly give us an article setting forth more fully the use of this remedy in the diseases mentioned?—ED.]

Dr. C. Smith, of Alba, Pa., in a very interesting letter on peritonitis—too long for publication in full—gives the following excellent outline of treatment:

Aconite to control the fever, alternated with bryonia in drop doses for the tenderness; opium in some form—hypodermics of morphia the best; give enough to subdue pain; whatever form of opiates you begin with, give all through the case, if the patient can tolerate it; leave the bowels alone. Apply over the abdomen the following mixture:

℞ Olei olivæ.
Tr. camphoræ,
Tr. opii,
Olei terebinthinæ.....āā.....fʒ ij.

M. S.—Warm before applying.

Diet, liquids only. Pepsin gr. v to x every four hours. Keep patient's mind at ease if possible.

Cure for Scabies.

Editor MEDICAL WORLD:

Please inform Dr. Darnell, Grand Saline, Texas, and others, through THE MEDICAL WORLD, that balsam Peru is probably the best known remedy for scabies, or itch; best because it acts with rapidity, with certainty, and agreeably. Does not injure the skin. Baths are not necessary. The method of application is to rub the balsam all over the body carefully, giving special attention to where the disease is the worst. For an adult three or four drachms are sufficient for one application; and three or four applications once daily completes the cure.

Meadville, Pa. L. A. GARVER, M. D.

Digitized by Google

Dr. J. C. Peacock, of Colton, California, who has practiced medicine over fifty years, writes us that his remedy for "gravel" is the liquor obtained after boiling the red blood beet, to be drunk *ad libitum*.

Editor MEDICAL WORLD:

Please give me treatment for the following case: Female child at 8 months, well grown, and to all appearances perfectly healthy. Has at irregular intervals through the day violent jerking downward and forward of body. No other voluntary muscles affected. Movements suspended during sleep. No perceptible pain attending spasms. No tenderness of spine that can be discovered. No symptoms of worms. Has been afflicted three months, and gradually grows worse. Mother had chorea when young. Please give me treatment with all necessary hygienic measures, and directions in alimentation. Would like very much to have editors advice in next number of WORLD, as parents are anxious for relief.

I like the MEDICAL WORLD better than any journal I have ever seen. It is certainly "the thing" we need.

Johnson Station, Tex. Jos. A. DUCKETT.

Treatment of Thoroughpin.

Editor MEDICAL WORLD:

A gentleman from Woodland, Ill, asks in the June number of THE WORLD for effective treatment for thoroughpin in the horse. I will tell you what proved entirely effective in a horse of mine.

The leg about the thoroughpin was first "fired," then a large hypodermic needle introduced, the fluid withdrawn, then a mixture of tincture of iodine and water, I think about equal parts injected into the sac, and I believe the greater part of it was allowed to escape. The horse's tail was then tied up, and he stood in the stall without being taken from it at all, for a week or ten days. I did not use him for two months. I think a horse might be used moderately considerably earlier than that. I would advise any one to employ the services of a skillful veterinary surgeon to do the operation. My horse was operated on one year ago last winter, and there is no trace at the present time of the thoroughpin.

I am aware that there are persons who claim that they can cure a thoroughpin by other means, such as blistering, the application of various liniments, and compression. Personally, I have no faith whatever in such measures.

Binghamton, N. Y. F. W. PUTNAM, M.D.

Electro-Therapeutical Department.

Conducted by CARL SEILER, M. D., 1346 Spruce St., Philadelphia. Cases, questions or views upon electricity in medicine are invited.

[CONTINUED FROM JULY.]

It frequently happens, however, that the current from a given battery through a given circuit is stronger than is desirable, and it becomes necessary to weaken it. This may be done by using fewer cells of the battery or more conveniently by introducing a rheostat in the circuit together with the milliampére meter. A very convenient and effective instrument of this kind is the carbon rheostat which was first brought to the notice of the profession by Dr. Jacoby, of New York. It consists of a rectangular piece of ground glass or hard rubber, screwed upon a base of wood. At one end a piece of tin foil is secured to the glass or rubber by means of a binding post which forms one terminal of the instrument, while the other terminal is attached to a piece of graphite from a lead pencil fastened to a slide which is freely movable over the surface of the glass or rubber, in such a manner that the free end of the piece of graphite rubs on the surface. The pencil mark made by the graphite establishes an electrical connection between it and the tinfoil terminal, the resistance of which connection is very great, so that the distance between the two terminals need not be very great to introduce considerable resistance into the circuit. As a matter of course the greater the distance between the terminals the greater will be the resistance; and if the apparatus is but a few inches long, the resistance offered by it to the current is sufficient to reduce as powerful a current as is used for an incandescent light plant, for instance, down to a few milliampéres, so that it can be used for medical application. Dr. Massey, in a recent communication to the Philadelphia County Medical Society described a modification of this rheostat which consists in using a disc instead of a rectaugular piece of glass or rubber, and in mounting the piece of graphite on a swivel in the center of the disk so that without increasing the size of the instrument the distance between the terminals can be increased. If in a given case an application of the galvanic current is to be made from a battery of unknown strength, it is best to proceed as follows: Connect one of the electrodes to one of the terminals of the battery, run a piece of wire from the other terminal to the binding post on the rheostat, then connect a slide by means of a flexible wire to one of the binding posts of the milliampére meter and run the other electrode from the other terminal of the milliampére

meter. Having thus introduced the two instruments into the separate circuit, the two terminals of the rheostat as far as possible, apply the electrodes to the body and start the current. In all probability there will be none or but a very slight deflection of the needle of the milliampére meter and the slide of the rheostat should then be slowly moved toward the fixed terminal until the resistance has been sufficiently reduced, and the milliampére meter indicates a current of the desired strength.

The electrical current, as developed by a battery or dynamo-machine, has certain properties which show themselves in physical as well as in chemical phenomena, and as some of these are utilized in therapeutics, it will be well to consider them in a few words.

It is well known that if an insulated wire is wound in a spiral around a soft iron case, and that if a current of electricity is passed through this wire, the iron case becomes magnetic. This magnetism remains as long as the current flows through the wire, and is proportionate in strength to the strength of the current. If the case, however, is made of hardened steel, the magnetism remains after the current has ceased to flow, and we call such a piece of steel then a permanent magnet, while the soft iron case with the wire around it, is termed an electro-magnet. It is hardly necessary to remind the reader that upon this phenomenon of electro-magnetism our electric telegraph is based. An electro-magnet with a slender iron case projecting beyond the spiral of wire, and coming to a point, is however advantageously used for removing particles of iron or steel from the eye, or for searching for broken needles or injected particles of iron in other parts of the body. Electro-magnets also enter in the construction of the so-called Faradic battery and other electro-therapeutical instruments, and it is therefore well that the reader should be acquainted with the principle.

Another fact is that if a current of considerable ampére power flows through a wire, which by its thinness, offers considerable resistance to the current, heat is developed and the wire becomes hot and perhaps incandescent. This developement of heat may be confined to any particular portion of the circuit, and it is this fact which is utilized in surgery when the so-called galvano-cautery is made use of as a surgical instrument. The localization of heat developement by the current is accomplished by inserting at the desired point a thin piece of platinum wire, shaped to suit the requirements of the operation, into a metallic circuit, which offers little resistance to the current. The electrical energy is then crowded, so to speak, into the narrow confines of the platinum wire, and causes it to become heated, while the degree of heat is in direct proportion to the amperé power of the current flowing through the circuit. The same phenomenon utilized in incandescent lighting, except that the filament of the lamp is made of carbon, and glows in a vacuum which prevents oxidation or burning up and facilitates the production of incandescence. And finally, as already indicated, the electrical current has the power to decompose liquid and semi-solid compounds into their chemical constituents which arrange themselves according to their electrical polarity at the positive and the negative pole of the battery or circuit. That is, all elements into which a liquid or semi-liquid is decomposed are either electro-positive, when they will go to the negative pole of the circuit, or they are electro-negative when they will be found at the positive pole. And further, all substances are decomposed in the same proportions in which they are chemically combined, that is, in proportion to their atomic weight. The substance or liquid to be decomposed, is termed the "electrolyte," and the elements are termed "ions." Since the positive pole is also called the "anode," and the negative pole the "cathode," the elements collected at the positive pole are termed "anions," and those at the negative are the "cations." The whole process of electrical decomposition is termed "electro-lysis." In the arts electro-lysis is largely employed for electro-plating of metals and for the formation of secondary or so-called storage batteries, while in medicine it is used for the destruction of tumors, hair bulbs and swellings of various kinds.

These few words of explanation of the action of the galvanic current must suffice for the present, as the snbject will be again referred to under different headings.

Electrolysis for Goitre.

Editor MEDICAL WORLD:

Is there any probability that electricity will cure goitre, when the gland is so enlarged as to interfere with respiration? patient fleshy, in good health, married, one child 2 months old, aged 40.

If so, in what manner would you apply, and how many cells of a McIntosh battery?

Please answer through the columns of MEDICAL WORLD.

RANDOLPH, O. G. O. FRASER.

There is a large number of cases on record in which goitre has been reduced by electricity, and there seems to be no reason why you should not succeed in your case. The procedure is very simple, and requires no special apparatus beyond an electro-lytic needle. Attach the needle to the negative pole of the battery,

and introduce its point into the tumor about one-half inch in depth, taking care not to wound any of the superficial veins; then attach a large plate electrode covered with chamois-skin or absorbent cotton well soaked in salt and water, and firmly apply it to the skin of the nape of the neck, and finally start the current by dipping the plates of your battery into the fluid. The strength of the current should not exceed 20 milliamperés, and should have from 10 to 15 volts electro motive force, and the time of sittings should be about 5 minutes. Repeat the sittings at intervals of 4 to 6 days, gradually increasing the length of time of the sittings to 10 minutes. Do not increase the strength of your current, as you will then get a cautery effect, instead of electrolysis, and give the patient pain.

It is impossible to say how many cells to use, because both the voltage and the amperé power of the battery varies greatly from day to day. It will be best, therefore, to employ a milliamperé meter to measure the current, while it is passing through the tumor by inserting the instrument in the circuit. See Dr. St. Clair's communication on Housemaid's Knee in the June number of THE WORLD. C. S.

Electricity in Post-Partum Hemorrhage.

Editor MEDICAL WORLD:

True to my promise I send you here a few contributions for your Electro Therapeutical department, illustrating the usefulness of electricity in suitable cases if properly applied:

CASE 1. ELECTRICITY IN POST-PARTUM HEMORRHAGE.—Mrs. M. had been treated a few days already for a profuse hemorrhage. Found patient very anemic; uterus, owing to the want of tone, "flabby;" ergot, acids perchloride of iron, ice water dressings, and tamponade proving insufficient to arrest the flow permanently, I procceded to electric treatment in the following way: A small buttoned electrode was carried up by means of a peap-speculum to the os uteri and then connected with the cathode (negative or fine pole) of a *Faradic* battery; the positive pole (anode) ending into a large sponge electrode applied over the fundus uteri outside, and a moderately strong current allowed to traverse the organ for several minutes. Result: immediate contraction and cessation of the hemorrhage after two applications.

CASE 2. ELECTRICITY IN POST-DYPHTHERITIC PALSY.—To relieve the distressing symptom of regurgitation of fluids, due to the paralyzed condition of the velum and uvula nothing acts more promptly than the faradization of the soft palate; my modus operandi is as follows: I introduce a teaspoon into the mouth, connect with the positive pole of a *Faradic* battery and close the circuit by placing the other pole, ending into a large sponge electrode, either on the head or in the hand of the patient. Time of application 5 minutes daily until relieved.

A TURNER.

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

In August WORLD, page 315, at the heading of Formulæ, transpose "For children" and "For Adults."

Treatment Wanted.

Editor MEDICAL WORLD:

I would like to have your treatment for herpes preputialis, or from any other of the fraternity who may have a cure, as it baffles me. I would ask a remedy, also, for those hot and cold flashes that women complain of at the change of life.

I noticed Dr. Bethune's case of a child living when born at five and one half months. Doctor, you think that it was only five and one half months? or don't you think that they lost their notch stick? I was not aware that the lungs were even developed enough to contain air at that time. J. A. PROCTOR, M. D.

Union City, Ind.

Diagnosis Wanted.

Editor MEDICAL WORLD:

I was called May 29th, to see Annie M., (col.) aged 27, mother of three children. She was delivered by a midwife April 27th. I was informed by her husband that eight days after confinement two abscesses formed, one on the right side of the vulva, the other on the inside of the thigh. When I saw the patient May 29th, I found her suffering from septicemia. The vulva and upper third of the thigh was a mass of gangrenous matter, pulse 150, temperature 105; no action from bowels for three days previous to my visit. From the history of her case I can find no syphilitic or scrofulous taint, and as I am quite a young practitioner this case gets me. I put her on syphilitic treatment, using carbolic acid externally, have contracted the ulcers, but the patient is gradually sinking under all my treatment. Will you, or some of the many readers of THE WORLD, give me your views of the case? JNO. R. CUNNING, M. D.

Rackensack, Ark.

A girl had measles a number of years ago. She suffered much from sore eyes subsequently, and now, after the soreness is all gone, the conjunctiva is red from dilated blood-vessels.

Digitized by Google

What is the best treatment to remove the difficulty?

Will some one give us a prescription for a pleasant, efficient, and cheap cathartic? Any one doing so may go up head.

THE MEDICAL WORLD and binder give satisfaction, which is saying enough for anything.

Lewistown, Pa. J. H. MYERS.

Diagnosis and Treatment Wanted.

Editor MEDICAL WORLD:

Will you kindly give me some suggestions in the treatment of the following case: Chas. R., a young man of 16 years, has suffered much from attacks of headache from a child. Each year the attacks seem to become more severe. Since last spring the spells have taken the form of severe migraine, and the worst spells of late have been in the evening. He is large for his age; habits good, and has always lived on a farm in a small valley where fogs are frequent. Have used citrate of caffeine in large doses, which always gives partial relief, but does not prove sufficiently effective. Iron, nux vomica and quinine have been given for several months, but without much apparent effect.

Cool Spring, Pa. H. S. BARRETT.

Remedy for Chronic Psoriasis Wanted.

Editor MEDICAL WORLD:

Can any of your numerous readers give me a treatment for a long-standing psoriasis in a stout elderly woman having large, reddish patches? Burdock seed fl. ex. internally, and the application of Labaraque's solution diluted, don't produce any change, except to allay itching. Her health and appetite otherwise do not seem in any way to be affected by the ailment. She made positive refusals to accept preparations of arsenic, having done so previously with others, followed, as she affirms, by injurious effects to her system.

Bloomfield, Cal. E. MAGUIRE, M. D.

Treatment Wanted for Nævus.

Editor MEDICAL WORLD:

I wish you would publish in your next issue of THE WORLD the different treatments for congenital nævus. I have a case of nævus in a baby aged three months, situated on the right parietal bone. It is supplied direct from the parietal branch of the temporal artery, is growing rapidly and something must be done. Please advise me what to do through your valuable journal. DR. C. E. CLARK.

Craig, Neb.

Queries.

EDITOR MEDICAL WORD:

Will you, or some of the many readers of THE WORLD, give an efficient treatment for old sore legs? also, a remedy for asthma, where there a good deal of sputa, &c? Also their experience with digitalis in the second stage of pneumonia. HUGH ROSS, M. D.

Lincoln, Ohio.

Milk-Sick.

Editor MEDICAL WORLD:

Will you kindly give a subscriber the causation, symptomatology, pathology, diferentiation, prognosis, duration and synonyms of milk-sickness, and *most* efficient *treatment* from *actual observation?*

J. C. MALLYNEAUX, M. D.

Woodland, Ill.

Treatment of Hay-Fever Wanted.

EDS. MEDICAL WORLD:

I wish to ask the many readers and correspondents of your valuable journal to give us, in the next issue, their experience and most succcssful treatment of hay-fever.

Princeton, Ind. F. H. Maxam.

Formula is asked for Payne's Golden Specific, for the cure of inebriety.

Will some reader of the WORLD refresh my faulty memory by giving the formula for making solution of permanganate of potassium for testing purity of drinking water?

Used it years ago but cannot recall the proportons. FORGETFUL.

Editor MEDICAL WORLD:

Can you or any of your readers give us the formula of Dr. Kline's Great Nerve Restorer?

Also, Lydia E. Pinkham's Compound?

INQUIRER.

Please publish the formula for Grafenberg's Dysenteric Syrup.

Sparta, La. JNO. H. GIVENS, M. D.

Formulas for "Rose Jelly," and "Olive Branch," requested.

Editor MEDICAL WORLD:

Please give formulas in your next issue for "Morsden's Pectoral Balm," and "Morley's T. X. S. tonic."

Murchison, Texas. W. H. FAIN.

Editor MEDICAL WORLD:

Can you or any of your subscribers give the formula of A. E. Rogers' Excelsior Corn Cure?

Bybee, Tenn. DR. H. P. MARSHALL.

Please publish the formulas for John H. Lyons' "Precious Ointment," and "Constitution Water," put up by Gregg & Co., New York. R. L. P.

Digitized by Google

FORMULAS.

Putrid Diarrhea.

℞ Acidi salicylici.....ʒ ss
Morphia sulphatis.....gr. ij
Spts. ammonii aromat.....ʒ ij
Spts. vini gallici.....ʒ ij
M. Sig.—Teaspoonful every two or three hours.

Chronic Malaria.

℞ Pulv. geranii.....ʒ j
Pulv. cornus Floridæ.....ʒ iss
Pulv. myristicæ.....ʒ ss
Pulv. cinchonæ rubræ.....ʒ iv
Vini Portense.....ʒ xx
M. Sig.—Tablespoonful after meals.

Scanty Urination.

℞ Tinct. belladonnæ.....♏ xvj
Lithii bromidi.....ʒ j
Liq. potassi citratis.....ʒ ij
M. Sig.—Teaspoonful in water every four hours.

Chorea.

℞ Tinct. strammonii.....♏ xij
Ammonii bromidi.....ʒ iss
Syr. simp.....ʒ iij
M. Sig.—From one-half to two teaspoonsful three times daily, according to the age of the patient.

For Pruritus Ani.

℞ Thymol.....gr. xx
Cocainæ muriat.....gr. x
Ung. petrolei.....ʒ ss
M. S.—Apply at bedtime, well rubbed in. Use no coffee, and but little meat. —WAUGH.

A Useful Combination in Diabetes Mellitus.

℞ Acidi gallici.....ʒ ij
Acidi phosph. dil.....fʒ ss
Ext. ergot. fl.....ʒ iiss
Morphia sulphat.....fgr. iij
M. S.—A teaspoonful every four or five hours.

Pityriasis Versicolor.

Besnier, of Paris, recommends the following pomade in the treatment of this obstinate affection:

℞ Salicylic acid.....gr. xlv
Precipitated sulphur.....ʒ ijss
Lanoline .....
Vasoline.....āā...ʒ jss
M. S.—Apply thoroughly after washing affected part.

Acute Coryza.

Dr. F. Knickerbocker, in the *American Lancet*, suggests the following snuff in acute coryza:

℞ Morph. sulphatis.....gr. ¼–½
Cocainæ hydrochloratis.....grs. iij
Bismuth sub. nit.....grs. v
Pulv. acacia.....grs. v
M. et. trit. Sig.—Use as snuff.

Hemorrhoids.

In instances where an operation was not indicated, or on the other hand when the patient would not give consent, we have used the following combination with good results:

℞ Ergotini.....ʒ ij
Morph. sulph.....gr. vj
Ung. Petrolei.....ʒ j
M. ft. ung. Sig.—To be used locally.

Recently the addition of lanoline has made the combination more perfect.

Cholera Infantum.

Prof. N. S. Davis, of Chicago, advises the use of the following prescription in cholera infantum:

℞ Soda bicarb.....ʒ j
Morph. sulph.....gr. j
Aquæ.....ʒ ij
M. S.—Six to fifteen minims after each paroxysm of vomiting.—*Indiana Med. Jour.*

For Consumption.

A reader sends us the following:

Take of
Compound syrup of hypophosphites....4 fl.ozs.
Whisky.....4 fl.ozs.
Fowler's solution.....2 fl.drs.
Mix.
The dose is one table-spoonful one-hour before each meal.

Antiseptic Powder.

The following is used in surgical practice:

Take of
Iodoform,
Powdered cinchona,
Powdered benzoin,
Powered carbonate of magnesium, equal parts, (by weight),
Oil of eucalyptus, q. s.
Mix the powders and saturate them with the oil.

Acute Catarrh in Children.

Dr. Thos. H. Stucky (Progress) recomends the following local application in acute catarrh in children.

℞ Cocainæ muriat,.....grs iv
Acid borici,.....grs x
Aquæ destillat,.....ʒ ij
Mix. S.—Use in atomizer.

The M. I. S. T. Contains Mercury.

Cases of ptyalism have resulted from the use of the M. I. S. T. pill. While it has been claimed that it contains no mercury, this has easily been demonstrated to be untrue by rubbing a gold ring in the mass, or with a small lens the globules of mercury may be seen and collected by an unskilled person.—*Ind. Med. Jour.*

Digitized by Google

REVIEWS.

MASSAGE AS A MODE OF TREATMENT. By William Murrell, M. D., F. R. C. P. Third edition, 143 pages, 5 illustrations. Cloth, $1.50. P. Blakiston Son & Co., 1012 Walnut Street, Phila.

This a very attractive and readable work. Some of the most important chapters are those on "the Physiological action of Massage," "Paralysis," "Constipation," "Rheumatism," "Neurasthenia," "Spinal Irritation," "Organic Diseases" and "Uterine Complaints." The successful physician should avail himself of every means of benefiting his patients. We believe that physicial means, as by massage, electricity, exercise etc., are often more valuable than medicine.

A PRACTICAL TREATISE ON THE HAIR AND SCALP. By Geo. T. Jackson, M. D., Instructor in Dermatology in the New York Polyclinic, etc. 356 pages, many illustrations, in a peculiarly handsome, cloth binding, $2.75. E. B. Treat, 771 Broadway, N. Y.

The author has given what many of the profession have often called for, and not a few of even the laity—a treatise devoted entirely to the care of the hair.

In the beginning nine pages are given to the anatomy of the hair, ten very interesting pages to its physiology, and ten to the hygiene. Then, following, the diseases and discolorations of the hair are taken up and very fully treated, with practical formulæ for their treatment. Much patient research was made in the preparation of this book as is shown by the "Bibliography," at the close of the work, where 26 pages are devoted to describing 640 books, pamphlets, and journal articles on this subject.

The author evidently thinks that cutting hair short checks its growth; as, on page 57 he says that the hair of boys and girls alike "should be kept cut short until the seventh or eighth year, as the growing hair is a drain upon the nutrition of the body." It has always been our opinion that it will continue to grow, even if cut short.

A MANUAL OF MIDWIFERY. By Alfred Lewis Gallabin, M. A., M.D., Obstetric Physician and Lecturer at Guy's Hospital, London. 753 pages, 227 illustrations. Cloth, $3. Leather, $3.50. P. Blakiston Son & Co., 1012 Walnut Street, Phila.

No finer place for observation can be found than Guy's Hospital, where there are upwards of 2.000 confinements annually. We are delighted with the author's close analysis of the subject, his clear explanation of the principle difficulties of obstetrics, and his easy and pleasing diction. The book is also very conveniently arranged for quick reference. For student and practitioner alike, this a most excellent volume.

MANUAL OF PHYSIOLOGY. By Gerald F. Yeo, M. D., F. R. C. S. 743 pages, 300 illustrations. Cloth, $3. Leather, $3.50. P. Blakiston Son & Co., Phila.

A admirable work for the Medical student or for the practitioner who wishes to renew his knowledge of physiology. Prof. Yeo is recognized as one of the ablest physiologists and teachers in the world. This work was written with the evident purpose of making the subject as easily understood as possible. We believe the student who lays the foundation of his course in Yeo's Physiology, will find his subsequent course easy and pleasant.

Send to Blakiston for his catalogue for this entire series of Manuals, and mention THE MEDICAL WORLD. They are works which the medical student should by all means have, and which would be of equal value to the man who graduated twenty-five years ago, and would like to bring his knowledge sharp up to date without being required to wade through heavy treatises and lengthy discussions, whose only benefit it is to advertise their authors. These are practical, concise, complete manual and text-books.

The following pamphlets and reprints have been received:

THE RADICAL CURE OF RETRO-DISPLACEMENTS OF THE UTERUS, AND PROCIDENTIA, BY ALEXANDER'S OPERATION AND MEDIAN CORPORRAPHY. By J. H. Kellogg, M. D., Battle Creek, Mich.

A REVIEW OF THE MOST IMPORTANT ADVANCES IN SURGERY, MEDICINE AND PHARMACY IN THE LAST FORTY YEARS. By G. W. Moore, M. D., San Francisco, Cal.

SUPPURATIVE INFLAMMATION OF THE ANTRUM. By E. Fletcher Ingals, M. D., Chicago, Ill.

Address Dr. I. N. Love, Pres. of the Miss. Val. Med. Assoc., Crab Orchard Springs, Ky., July 13, 188

THE TECHNIQUE OF TRACHEOTOMY AND INTUBATION OF THE LARYNX. By Charles Godwin Jennings, M. D., Prof. of Chem. and Dis. of Children, Detroit, Coll. of Med.

OPERATIVE INTERFERENCE IN MEMBRANEOUS DISEASE OF THE LARYNX. By Benjamin T. Shimwell, M. D., Lecturer in Minor Surgery in the Medico-Chirurgical College of Philadelphia.

ON SOME IMPORTANT POINTS IN THE TREATMENT OF DEEP URETHRAL STRICTURE. By F. N. Otis, M. D.

Pamphlets like the above often give the advancing steps of our profession. It will always pay you to take the trouble of sending for them.

SPECIAL NOTICES.

We have had an opportunity of using the residue obtained by evaporating natural mineral waters, called iron-alum mass. We found it a most efficient tonic, an invigorator. It checks the bowels in small doses, but relaxes them as the dose increased. It checks excessive perspiration. Under all circumstances it is a valuable tonic.

It gives us pleasure to speak of Charles Lentz as a dealer in surgical instruments. His stock is complete and of guaranteed excellence.

See the adv. of Griffith's Compound in this issue. Address, 146 Second Avenue, New York.

The Torsion Braided Wire Co., of 1017 Chestnut Street, Philadelphia, afford an example of the comforts of life brought within our reach by American ingenuity and enterprise. They furnish a bed which princes of the olden time might have coveted, at a price within the reach of all. See adv. and many testimonials on pages xxxiii, xxxix, xl and xli.

No therapeutic agent is being so rapidly developed and widely useful as electricity. The old reliable house of Jerome Kidder, 820 Broadway, New York, makes excellent practical instruments for every-day physicians. They have published a handsome volume, giving plain directions which any intelligent doctor can easily follow in the general principles of electrical treatment. You can have one of these books by sending for it and mentioning the MEDICAL WORLD.

(*Continued over next leaf.*)

Digitized by Google

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.

These rates must be paid *invariably in advance.*

Notice is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

☞ Pay no money to agents for this journal unless publisher's receipt is given.

C. F. TAYLOR, M. D.,
LOUIS LEWIS, M. D., M. R. C. S., (Eng.) } EDITORS.
J. J. TAYLOR, M. D.,

ADDRESS ALL COMMUNICATIONS TO
"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. V OCTOBER, 1887. No. 10.

THE summer is past. It was not emphsised by any notable epidemic, or any occurrence out of the ordinary line of medical practice. It came and went, bearing with it its usual history of nursing-bottles and cholera infantum, summer excursions and depleted purses, green vegetables and fruits and "cramps," moonlight strolls and summer colds. Yet he who has looked around him has seen much to study and observe, to read and compare, and is, by just so much, prepared to be a better physician next summer.

* * * * * *

As the summer heat passes away the winter cold comes on. This fact is fraught with as much interest to the doctor as to the coal merchant. Certain diseases will trouble his patients now no more, and certain remedies he can lay out of his case, feeling that they will be needed no more until the cycle of the seasons brings them round again. But in their stead other troubles come, and appropriate remedies must be at hand.

* * * * * *

Heat and cold are merely relative terms. Temperature which is comfortably warm to the Laplander is chilly to the Italian. Think how many derangements to the human system are brought about simply by variation in temperature. This and microbes seem to claim about all the honors at present.

* * * * * *

What are the effects of cold upon the human system? As simple as it seems in general, yet volumes can be written on it in detail. When properly applied it tones and invigorates, constringing the tissues and quickening the circulation. But when improperly applied it is followed by most unfortunate results. The circulation is driven from the part exposed to some weaker part, which it overcomes, and an inflammation (persistent perversion of the circulation) results. Yet acute pathologists claim that frequently the derangement to the circulation is vastly out of proportion to the constringement of the vessels at the portion of the system exposed, and that the effects produced are the result of an influence on the nervous system, perhaps by reflex action. Here is a fine field for observation. Notice, however, our definition for inflammation—"A persistent perversion of the circulation."

* * * * * *

What are some of the diseases produced by cold? In pursuance of our Chautauqua plan we must now enter into a study and discussion of them. The laity imagine that coryza and sore throat comprise the list. But we, taking the subject in its broad principles, know that any of the mucous membranes may suffer, and this will give us bronchitis, pneumonia, cystitis, nephritis, etc.; or the tendency may be towards some of the serous membranes, and we are called in to see a case of pleurisy, rheumatism, myalgia, etc. These are all subjects of the deepest interest for study, and of the utmost importance to the physician. Let us read our text books anew, and see if we can learn some things which had escaped us before. The accurate study of the modern pathologist, aided by more precise instruments of research,

Digitized by Google

have greatly multiplied the list of diseases of this character; chiefly in the matter of more exactly locating the seat of an inflammation and its character. The student should not become impatient at these fine distinctions, for they are his best friends, aiding him in accurate diagnosis and in determining the consequent treatment.

The Medical Congress.

The Ninth International Congress is now a thing of the past. It has been a thorn in the flesh of the medical profession of this country for over two years, and we are glad that the strain is over. It was a reasonable success under the circumitances, but the circumstances were not favorable to the highest and most complete success. The weather was fine, Washington was beautiful, as it always is at this season of the year, and the attendance was large. However, the University of Pennsylvania and Jefferson Medical College were not represented, and but one of the colleges of New York city; and most of the men best known in the profession in this country and in Europe were absent. In this respect, the Congress was somewhat like the play of Hamlet without the Prince. But for all this, it was quite a success, barring awkward management at first, which was corrected later in the week. The meeting of nearly three thousand American physicians, with two or three hundred foreigners who have braved a long journey to come to us, some of whom are known wherever modern medicine is known, is an important event; but an international medical congress with as small a per cent. of the leaders of the profession can hardly be called a complete success.

It is a matter of profound regret that the entire medical professsion of the world could not have united in harmony on this occasion. Medical politics and medical politicians are alone to be blamed, and we wish we could number them also among the things of the past.

The Medical Student Again.

The season has arrived when the prosperous physician is besieged by young men seeking the honor of being a student in his office. More than half of them haven't the remotest idea what they want. They see the glamour of a physician's life, without having the faintest idea of its responsibilities and disagreeable duties. The kindest thing the physician could do such an applicant would be to take him out a day or two and show him some of the dark sides of a physician's experience.

When such an applicant comes to you, ask yourself these questions:

1. Is he likely to reflect honor upon the profession?

2. Is there really need for another physician in this community?

3. Which would I prefer: seeing him establish next door to me as a professional rival, or as a prosperous merchant, mechanic or farmer?

4. Am I doing justice to my professional brethren by encouraging any further plethora in our over-crowded ranks?

Then ask the young man the following leaders:

1. You propose to put a couple of thousand dollars into a medical education. Don't you think that capital would start you in a more prosperous business?

2. By which are you attracted most: financial reward or scientific interest?

3. Do you realize the toil, drudgery, self-denial and disappointments in the life of every physician, however successful?

But when, finally, a bright, brave-hearted, earnest young man has determined to prepare for the profession, treat him with the utmost kindness and consideration, and make his course as rapid and his aims as high as possible.

INDEX OF DISEASES.

In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease are given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number, 1886.—L. L.]

Hysteria (continued.)

℞ Ferri sulph. exsice.....gr. xlviij
Ext. cannabis Ind.....gr. vj
Ext. belladonnæ.....gr. iv
Misce et. divide in pillulas. xxiv.
S.—One night and morning.

℞ Zinci valerianatis, gr. iij in pill, three times a day.

Electricity for hysterical paralysis.

Digitized by Google

Ichthyosis.

℞ Cupri sulphat.....gr. x
Lanolin.....ʒ j
M.

Hot water compresses.

Liq. arsenialis, ♏ j, ter die.

Impotence.

℞ Tinct. cantharidis.....fʒ ijss
Liq. ferri perchloridi..... fʒ ijss
Acid. phosph. dil.....fʒ ijss
Tinct. limonis.....fʒ ss
Aq. chloroformi ad.....fʒ ij
M. S.—One teaspoonful thrice daily, in water.

℞ Phosphori.....gr. ij
Ext. nucis vomicæ.....gr. xij
Ext. cannabis ind.....gr. iv
M. S.—Divide into 24 pills; one night and morning.

℞ Liq. strychniæ (P. B.).....fʒ j
Aq. lauro-cerasi.....fʒ j
Liq. ferri perchlor.....fʒ j
Aq. dest. ad.....fʒ viij
M. S.—Two tablespoonfuls three times daily.

Interrupted faradic currents to the perineum and testicles.

Passage of steel sound.

Ergotin hypodermically to dorsum of organ.

Perineal douche.

Ext. ergotæ fl. ♏ xx, ter die.

℞ Ferri arseniatis.....gr. v
Ext. ergotæ aq..... ʒ ss
M. Divide into 30 pills; S.—one night and morning.

℞ Tinct. sanguinariæ.....fʒ iij
Ext. stillingiæ fl.....fʒ v
M. S.—20 drops in water night and morning.

℞ Pulv. cantharidis.....gr. vj
Ext. nucis vomicæ.....gr. vj
Ext. lupuli.....gr. xxxvj
M. Divide into 12 pills; S.—one night and morning.

℞ Potass. bromidi.....ʒ j
Tinct. cantharidis.....fʒ ijss
Inf. digitalis ad.....fʒ viij
M. S.—One teaspoonful night and morning.

℞ Ferri sulph. exsisc.....gr. xlviij
Ext. cannabis ind.....gr. ♈j
Ext. belladonnæ..... gr. iv
M. Divide into 24 pills; S.—one night and morning.

℞ Tinct. capsici.....fʒ j
Tinct. ferri perchloridi.....fʒ ij
Aq. dest.....fʒ xij
M. S.—One-sixth part night and morning.

Incontinence of Urine.

℞ Tinct. belladonnæ.....fʒ ij
Tinct. cantharidis.....♏ xx
Aq. camph.....fʒ vj
M. S.—Two tablespoonfuls three times a day.

℞ Tinct. cantharidis.....♏ xx
Aq. dest.....fʒ ij
M. S.—One teaspoonful four times daily.

Auri chloridi, gr. $\frac{1}{10}$ in pill, night and morning.

℞ Ext. ergotæ fl.....ʒ ijss
Aq. dest.....fʒ ij
M. S.—One teaspoonful thrice daily.

℞ Liq. ferri perchloridi.....fʒ j
Aq. dest.....fʒ viij
M. S.—Two tablespoonfuls every 4 hours.

Chloral. hydrat., gr. iv, ter die, for incontinence of children.

℞ Liq. strychniæ.
Tinct. belladonnæ.....āā.....ʒ ss
Aq. sambuci.....ʒ ij
M. S.—One teaspoonful every 4 hours.

Ext. belladonnæ, gr. j in a suppository, at bedtime, every night.

Sp. terebinthinæ, ♏ v on sugar, three times a day.

℞ Liq. strychniæ, (P. B.).....fʒ ss
Acid. nit.-muriatici dil.....fʒ j
Inf. gentianæ.....fʒ viij
M. S.—One-sixth part three times a day.

The Current Medical Thought.

A Cure for Drunkenness.

A half ounce of ground quassia steeped in a pint of vinegar, is recommended highly as a cure for drunkenness. A teaspoonful in a little water should be taken every time the liquor thirst is felt. It satisfies the cravings and produces a feeling of stimulation and strength.

THE CHILDREN of the blackest Africans are born whitish. In a month they become a pale yellow, in a year brown, at four dirty black, and at six or seven glossy black.

Important Directions in Renal Calculi.

In the treatment of cases involving the passage of small renal calculi, the exhibition of large quantities of distilled water facilitates disintegration; and small doses of turpentine and lithium lessen the swelling of the urethral mucous lining.

Digitized by Google

Diagnosis of Cancer and Syphilis of the Tongue.

CANCER.	SYPHILIS.
Usually over age of forty...	Usually under age of forty.
Begins at the sides.....	Usually begins in the middle.
Circular in shape.....	Oblong or oval in shape.
Acute pain.....	Little or no pain.
Ulcer becomes indurated..	Indurat'n becomes ulcerat'd.
Tongue immoveable.....	Tongue moveable.
Speech disturbed.....	Speech unaltered.
Glands enlarged.....	Glands unaffected.
Frequently sloughs.....	Never sloughs.

Diagnosis of Ulcer.

Ulcers in the neighborhood of the ankle are usually either simple or varicose; ulcers near the knee are probably syphilitic.

Asparagus and tomatoes are said by some to increase the tendency to the formation of urinary calculi and gravel.

Dislocations and Fractures of the Arm.

A fall on the palm of the hand may cause dislocation of the radius and ulna backwards. A fall on the back of the hand may cause dislocation of the radius forwards. A fall on the elbow may cause fracture of the lower end of the humerus, transverse fracture of the olecranon process, dislocation of the humerus, or fracture of the surgical neck.

Aphonia or Aphasia.

In aphonia words are formed by the mouth and larynx, but no sound is produced; in aphasia, the power of forming words is absent or lost.

A red line upon the edge of the gums is symptomatic of impending salivation by mercury; a blue line is characteristic of lead-poisoning.

Cystine in the Urine.

Cystine (formerly called "cystic oxide") is one of the most persistent of urinary deposits, and it is met with in persons who are weak and below par. It is a glistening white crystalline sediment, containing a large proportion of sulphur, and is soluble in ammonia, potash and the stronger mineral acids. Its origin is supposed to be hepatic. Urine containing cystine has the peculiar odor of sweet briar.

For Neuralgia and Lumbago.

The pain of lumbar neuralgia is said to yield speedily to one or two local applications of a saturated solution of camphor in sulphide of carbon. Lumbago and many cases of sub-acute rheumatism may often be treated satisfactorily by friction with a capsicum ointment. It should be applied with a gloved hand for about ten minutes, night and morning.

Mercury is contra-indicated in anemia, chlorosis, strumous diathesis, and old age.

Gangrenous Ulcerations of Labia.

The labia of ill-nourished or scrofulous children are liable to a rapid gangrenous form of ulceration,—noma—which is liable to be mistaken for venereal disease, or the results of violent attempts at rape.

Suppurative Nephritis from Catheterization.

A rigor may follow the introduction of a catheter or bougie in a man whose kidneys are perfectly healthy; but when it occurs in a man whose kidneys are diseased or damaged by stone or stricture, it probably marks the institution of an attack of suppurative inflammation of those organs.

Iodide of Potassium for Pneumonia.

A French physician reports the successful treatment of fibrous pneumonia by iodide of potassium, in doses of 15 grains every three hours.

Amenorrhea—Braithwaite's Method.

Dr. Braithwaite (of London) treats cases of scanty menstruation, due to uterine causes by the introduction of a rubber stem washed in carbolized water. It should be left *in situ* for about a week previous to the expected period, and left there, even after hemorrhage has ensued. Previous dilatation of the cervix may be employed when necessary. This treatment is not suggested in amenorrhea from ovarian or constitutional causes.

Some Treatments of Diphtheria.

Local application of a 1 in 20 solution of papayotin, used frequently, or a few minims placed on the tongue, one part of vinegar to four of water, as a gargle. A drachm of oil of turpentine, twice daily. Gargle of one per cent. solution of corrosive sublimate. Perchloride of iron solution, ♏ xx frequently, internally. Three per cent. boric acid solution as a frequent gargle. Five per cent. solution of quinolin in spirit and water, locally, every two hours. Ten per cent. solution of resorcin locally, and one per cent. solution as gargle. Half per cent. solution of bromine locally every two hours. Ten drop doses of turpentine every hour. Two per cent. solution of helenin oil twice a day, locally. Two per cent. solution of hydrogen peroxide internally, and as an inhalation. Galvano-cautery locally. Intubation of the larynx. Tracheotomy.

For Ring-Worm of the Scalp.

In ring-worm of the scalp, Mr. Malcolm Morris (London) recommends the local application of salicylic preparations, after thoroughly washing the patches with ether. He con-

Digitized by Google

siders ointments useless, as they cannot penetrate the deeper "flask-shaped" parts of the hair-follicles. Continual change of treatment is recommended.—*Brit. Med. Journal.*

Cocaine for Rigid Os.

Hollow cones of the size of the index finger, consisting of cocaine and coca butter, have been introduced as a ready means of treating rigid os in primipara. They do not necessitate the use of a speculum, being readily carried to the spot by the finger.

Minerals in Cremation.

Arsenic, antimony, lead and mercury, and their salts, disappear from the remains in the process of cremation; but antimony and lead are retained if copper be also present, with which they form a stable alloy. Arsenic disappears entirely. Vegetable poisons, as digitalis and aconite, disappear still more completely.

Sanitation and Life.

"While a perceptible prolongation of life has been secured to the human race through the beneficial effects of improved sanitation, there is evidence to prove perceptible deterioration or degradation of type among the lower orders of the people. Their physique is inferior to what they were twenty-five years ago."
—Sir Thomas Crawford, K. C. B.

Pigeon-breast.

Chronic enlargement of the tonsils in children frequently leads to the condition called "pigeon-breast," an undue prominence of the sternum, with corresponding depression of the adjacent ribs. These children always snore, and breathe with the mouth open, and the obstructing tonsils interfere with the proper filling of the chest with air. Pigeon-breast is also produced by the constant pressure of the outer air on the ribs of children weakened by rickets. Angular curvature in the dorsal region is another cause of the same deformity.

For Sea-Sickness.

Subcutaneous injections of atropine are recommended as a preventive of sea-sickness.

Sputa of Pneumonia.

The sputa of patients suffering from pneumonia, rusty at first, frequently becomes dark and offensive later on; and after it has been standing for some time, developes a peculiar odor, singularly resembling the smell of cowslips.

An Anomalous Muscle.

John Hunter pointed out that the sphincter muscles of the eyes differ from other musles, inasmuch as their natural state, their excited condition, is that of relaxation; for example, the orbicular muscle is in excitement or action, during the repose of sleep. General opinion conded that action represented contraction; but when all excitement is removed by death, the muscle acts, and is the last thing that does so. When all excitement is withdrawn, then it is in a state of real action.

Injection for Gonorrhœa.

Some time ago we suggested the employment of "Ferrier's Snuff" in water, as an injection for gleet and subacute gonorrhea. Recent experience warrants us in again urging a trial of this remedy. The snuff, which was introduced by Dr. Ferrier as a remedy for coryza, consists of six drachms of subnitrate of bismuth, two drachms of gum acacia, and two grains of sulphate of morphia; and we shake this up in six ounces of water, using about two drachms at a time for an injection, three times a day. Its action has been entirely satisfactory in our hands, in many cases. L. L.

Cause of Gout.

The proximate cause of gout is a disturbance of nutrition, producing an accumulation of urea in the system, whether by defective elimination of uric acid by the kidneys, functional disturbance of the liver, or degeneration of fibroid tissues, characterized by the formation of uric acid. Be that as it may, gout is easily induced by luxury, gormandizing, indolence, and all such causes as tend to imperfect oxidation and elaboration of food.

Instinctive Self-help in Dyspnea.

During a paroxysm of asthma or dyspnea from other causes, the sufferer leans upon a table or rests his elbow there. Why? He seeks to make his shoulder the fixed point, to assist respiration, and calls on muscles whose usual uses are to move the head, to move the chest as the sterno-cleido-mastoid; muscles whose duty it is to raise the arm, as the pectoralis major; muscles of the scapula and shoulders, as the rhomboideus major and minor. Thus he converts, by fixing the head and shoulder, muscles of volition and ordinary motion of extremities, into temporary muscles of respiration. The trapezius is also enlisted in the same service.

Digitized by Google

Our Senses.

Man is not naturally endowed with such acute senses as many of the lower animals; but his attribute of reason well compensates him for the advantages possessed by these. The dog, the bee, the vulture have unusually keen powers of smell, which enable them to seek their food and pursue their prey. The stag has an extraordinary sense of hearing, which warns him of impending danger. The eagle, the hawk, the lynx, and notably the common fly, possess marvellous sight. The various species of spiders and snails have a phenomenal sense of touch or feeling. Zoophytes—the connecting link between the animal and vegetable kingdoms—have feeling, and nothing more. Worms have no hearing and no smell. Some insects have no sight. Other creatures have only two senses, some three, and those more nearly approaching ourselves have five. The owl has been credited with five senses and extra wisdom:

> "Alone, and warming his five wits,
> The white owl in the belfry sits."

But at least one half of the animals do not possess these advantages; and none possess them all in such equal perfection as man. But if man had the sight of the eagle, the smell of the dog, the hearing of the stag, the touch of the spider, he would be forever harrassed by his surroundings; his studies would be interrupted, as also his repose, and his noblest and most useful occupations would be continually disturbed; therefore his limited degree but more general distribution of senses is rather advantageous than otherwise, as it enables him to enjoy the blessings of nature without disturbing his comfort. Under certain conditions, we are also able to develop a particular sense in excess of the others. A blind man evolves marvellous senses of touch and hearing; a tea-taster acquires a wonderful appreciation of flavor; the inhabitants of the Antilles can distinguish by their smell whether a Frenchman or a negro had last passed along the road. L. Lewis, M. D.

A micro-purulent discharge has not infrequently been observed in the course of secondary syphilis, proceeding from mucous patches in the urethral canal.

Men and monkeys are the only animals possessing eye-lashes on both eye-lids; other animals have them only on the lower lid, or else have none on either.

Temporary Paralysis.

Temporary paralysis is well treated at first by phosphorous, followed later on by strychnine or ignatia.

Hysterical Chorea.

The hysterical symptoms simulating chorea, which sometimes characterizes uterine excitement, are often satisfactorily treated by five minim doses of tincture of cimicifuga.

Causes of Tonsillitis.

Sexual excesses are a not infrequent exciting cause of tonsillitis; fasting is another cause. Many Jews dread the advent of their annual fast on account of the frequency of quinsy as a sequel.

It is a significant fact that the ptomaines found in the human body soon after death are not poisonous; but those which appear after a week are certainly so.

Rickety children are especially prone to serous effusion into the brain-cavities, resulting in chronic hydrocephalus. Cod liver oil, ice, counter-irritation and rest are indicated when hydrocephalus ensues. Nitrite of amyl is often serviceable.

Pulsatilla for Amenorrhea.

Thirty drops of tincture of pulsatilla three times a day often relieves amenorrhea.

Marriages of consanguinity are not necessarily productive of degeneration among the progeny. An increase in the number of offspring is a usual result; and they show no signs of physical degeneration, as evidenced among the Jews and Quakers, who intermarry "ad libitum."

Sulphur Fumes in Phthisis.

Sulphurous acid fumes have been noticed to exert a beneficial action on pulmonary phthisis. During an epidemic of typhoid fever among troops stationed at Cherbourg, in France, it was deemed expedient to disinfect two large barracks occupied by the marine infantry. Large quantities of sulphur were burned in the dormitories, previously hermetically sealed. The operation of fumigation devolved on a sergeant suffering from severe anemia with recurrent attacks of bleeding from the lungs. He had all the aggravated symptoms of phthisis: emaciation, diarrhea, night-sweats, pain between shoulders, high temperature, loss of appetite, cough, expectoration, dullness on left side, crepitant râles, dyspnœa, and sputa laden with bacilli. All these symptoms abated signally during his term of office in the dormitories; the bacilli were notably diminished; and percussion sounds became normal.

"Chronic skin disease can never be traced to hereditary syphilis as its cause."—Hutchinson.

Digitized by Google

Syphilitic Anemia.

According to theory, iron should be the appropriate drug to employ in cases of anemia due to syphilis, owing to its known property of increasing the amount of red blood corpuscles; yet iron will do no good in these cases; whereas perchloride of mercury, which decreases the number of red corpuscles, yet, as a rule, rapidly cures.

Gangrene of the lungs is a frequent cause of death among the inmates of lunatic asylums.

Croup, Diphtheria, and Inflammatory Sore-Throat.

These three diseases are often so mixed in their symptoms that there is danger of confounding them, and of adopting a course of treatment that may be prejudicial and altogether unsuitable. Yet, there are important and invariable characteristics of each which should act as beacons to the observant practitioner. Croup is an acute inflammatory disease, attacking healthy children suddenly, after exposure to cold winds. It is not contagious, nor capable of producing puerperal fever by contagion; runs a rapid course; causes a secretion of fibrinous membrane in the trachea and upper larynx, sometimes extending to the bronchi; is usually curable, if taken in time; the cough is metallic and ringing and highly characteristic; shreds and even casts of the parts included in the exudation are sometimes coughed up; it seldom recurs; albumen is present in the urine; the throat presents no peculiar odor; it is not followed by paralysis. It suggests antiphlogistic treatment.

Diphtheria is an exhausting disease, highly contagious, and capable of producing puerperal fever; is not restricted to childhood, cold seasons, families, or places; the membranous exudation presents about the throat and velum, extending into the larynx, and perhaps down to the bronchi, but it may also affect any mucous surface, as the nasal, vaginal, or intestinal tracts, which croup never does; it is very asthenic in character; albumen is always present; it presents a remarkable fetor of breath; it may be followed by muscular paralysis. A vigourous stimulating and supporting treatment is called for, in addition to its specific local medication.

Inflammatory sore-throat presents a dusky, turgid shining state of the velum, with local abrasions and white patches about the tonsils; possibly it is infectious; it is rarely fatal; it my generally be traced to a chill, or to hepatic congestion, and is often associated with insanitary conditions; rheumatism, syphilis, scrofula, and herpes predispose to it, as also the prolonged use of mercury and iodides; it occurs in young and old; it principally involves the glandular structures of the throat; pain is often quite severe, with hawking and muffled voice; high temperature and chills accompany severe cases; the inflammation sometimes extends to the larynx, with risk of edema and death. The treatment is anti-phlogistic in conjunction with local measures, and with due regard to its direct or indirect cause.

Prophylactic for Scarlet Fever.

Tincture of belladonna in repeated doses of one to three minims appears by experience to be the most reliable prophylactic against scarlet fever, and in many cases seems to act as a specific. When albumen makes its appearance in the urine, tincture of cantharides is useful in minim doses.

Iodoform in Phthisis.

When iodoform is administered internally, it sets free in the system about ninety-six per cent. of its bulk of iodine, which may be easily detected in the secretions and excretions, and in the blood. It causes increase of weight and appetite, and decrease of cough, expectoration and night-sweats. Bacilli also decrease in number, and the temperature falls somewhat.

Spurious Biliousness.

Many persons who suppose themselves "bilious" are in reality suffering from excessive deposit of oxalate of lime, causing a low, irritable malaise, with headache, dizziness, nausea, and all the usual signs of "biliousness." In these cases, half a grain of calomel taken nightly for a few days, will wonderfully relieve, by its action on the capillary and retarded circulation in the liver, stomach and intestinal track.

Aromatic Spirits of Ammonia after a Debauch.

"Sal volatile"—aromatic spirits of ammonia—is a useful remedy for the tired exhausted sensations experienced by the votaries of Bacchus. In one or two drachm doses it revives and strengthens the patient, and removes the depression, without in any way inducing the hilarity and intoxication attending the use of ardent spirits. It exerts a special control on the amount of cystine in the urine.

Digitized by Google

Successful Treatment of Diabetes.

Martineau's treatment consists in abstinence from starch, fruit and sugar in the food, and using as the only drink the following preparation: Add to two pints of aerated water in a siphon bottle, three grains of carbonate of lithia, and a tablespoonful of a solution of arseniate of soda, (three grains to the pint distilled water). The patient drinks of this beverage whenever he is thirsty, and at meal time he may add a little wine to it if desired. No medication except for complications.

Phthisis and Bacilli.

Judging from some recent observations and experiments, phthisis is divisible into two classes, "bacillary" and "non-bacillary." Non-bacillary phthisis is less frequent and is non-infectious, and its sputa will not give rise to tuberculosis by communication. To produce the disease artificially, the presence of bacilli is necessary. Tubercular phthisis represents the bacillary variety, and pneumonic inflammatory and fibroid phthisis the non-bacillary. Hock's bacilli of tubercular phthisis are not confined to the lungs; they may infest almost every portion of the body—pleura, kidneys, lymphatic system, testicles, prostate, spleen, intestines, vesicula seminales, blood, urine, saliva, etc., etc. In the lungs they seem to prefer the lower part of the upper lobes, or the upper part of the lower lobes; and though they more usually affect the apices, they are also sometimes found at the bases. Chloasma or pityriasis versicolor seems frequently associated with phthisis, whether accidentally or otherwise.

Phthisis is almost certainly due to inactivity of the lungs, rather than to over-action; and the treatment which is suggested by our latest knowledge of the disease should be directed to the promotion of blood supply to the organ, and not to its repression. A diseased lung requires healthy blood and more of it, to help its repair; hence rest, fresh air, and good food are necessities, whatever specific or local remedies may be employed for the organ itself.

Devotion and Duty.

Mr. W. C. Lysaght, M. R. C. S., assistant medical officer of the Bristol Royal Infirmary, England, has sacrificed his life in an effort to save a patient. About a fortnight ago a man was admitted to the infirmary suffering from an affection of the throat, supposed to be diphtheria. The operation of tracheotomy was performed by Mr. Lysaght; but, the tube becoming choked, the last chance of saving the man's life was for some one to apply his lips to the tube and suck the moisture. This Mr. Lysaght did, but without avail, for shortly afterwards the patient died of suppressed scarlatina. Mr. Lysaght caught the disease in its worst form and died. A window is to be erected in the infirmary to his memory.

Uterine Diseases.

Aside from direct injury to the organ, pelvic congestion or obstruction of the abdominal circulation are accountable for many forms of uterine trouble, metritis, endometritis, hyperplasia, catarrh. Heart disease, liver disease, chronic constipation, artificial constriction of the waist (tight lacing), sexual excitement, early pregnancy, and abuse of local remedial applications are among the causes of this congestion. They should be treated constitutionally rather than locally, especial attention being directed to examination of the heart and liver, with their appropriate treatment, and cure of the constipation. The chief internal drugs in use for uterine treatment are ergot, iodides and bromides, iron, strychnine, viburnum, hydrastis; and as accessories, rest, frequent feeding, massage, and attention to assimilation.

Bodily Symmetry.

The height of the human body is generally ten times the length of the face. When the arms are extended horizontally, the distance between the points of the middle finger equals the length of the whole body. The arm is four times the length of the face. The hand is the length of the face. The length of the sole is a sixth part of the height of the body. Six times the thickness of the hand equals that of the whole body.

For Dysentery.

Dysentery often yields in a remarkable manner to half-minim doses of the liquor hydrargyri perchloridi of the British Pharmacopœa, administered every half hour. The first dose frequently assuages the pains, tenesmus ceases in a short while, and in a few days normal stools are established.

To Administer Gallic Acid.

Gallic acid is rendered soluble in water by the addition of an equal quantity of citrate of potash. Ten grains of each, a suitable general dose, will dissolve in an ounce of water.

Inflammation of the brain or its membranes is frequently accompanied by pain on pressure over the anterior aspect of the thigh.

Digitized by Google

When to Use Iron in Albuminous Urine.

When the presence of albumen in the urine is traceable to a low state of the blood, iron in the form of phosphate or iodide, is indicated as a rational remedial agent.

Tartar Emetic in Labor.

"Antimony, in the form of tartar emetic, is one of our most efficient agents in promoting parturition," says Dr. Homer Green. When the pulse is tense, the os rigid, the skin hot and dry, the advance of the head slow, he has seen, by the use of small doses of antimony, the most prompt and happy change for the better. The pulse softens, the skin moistens, the rigid os relaxes, the vagina becomes bathed in a plentiful supply of mucus, and the uterine contractions hasten on to a speedy termination of the labor. If given in doses which arouse no nausea, we quite concur in the validity of this statement.

For Chronic Gonorrhea and Gleet.

Half a grain of corrosive sublimate and four grains of permanganate of potash in eight ounces of water, forms an excellent injection for chronic gonorrhea and obstinate gleet.

For Vomiting in Pregnancy.

An eminent London physician states that he has never failed to subdue the obstinate vomiting of pregnancy by the application of a blister over the site of the third and fourth dorsal vertebræ.

Hygiene of Skin Diseases.

Sufferers from skin diseases should, as a rule, eat less and sit less; drink more and walk more; indulge in vegetables, and economize in meats.

Good old Port wine, rich in tannin, is a useful accessory in the treatment of tuberculosis.

Religious Mania.

There is a common propensity among many of us to create a religion of our own, founded simply upon religious instincts. It is from mistaking a particular idea for universal truth that religious madness springs. This disease is most intractable, more so than acute mania, and must be considered a disease of the brain, with disordered cerebral circulation, rather than a metaphysical alteration of ideas. Fear of death is one of its main moral causes; and it always tends to suicide.

Skin Diseases from Nervous Excitement.

Strong emotional excitement is capable of producing temporary attacks of many skin diseases, erythema, uticaria, eczema, psoriasis, herpes, pemphigus, vitiligo, alopecia. The cause is functional disturbance of the nervous system, and it is to this that the treatment should be mainly directed, as nerve sedatives internally, and local soothing protective applications. When these troubles arise in persons predisposed to skin disease, they become persistent, and sometimes even permanent.

In syphilitic iritis, mercury is of the greatest value; but retinitis is better treated with iodide of sodium or potassium, and mercury is contra-indicated.

The appearance of purpuric spots in the course of scarlet fever generally furnishes grounds for a grave prognosis of the case.

Purpuric spots frequently follow the prolonged use of chloral; they are also common in the course of jaundice, all liver diseases, syphilis and abuse of mercury.

Ringworm.

The following application has been found very serviceable: hyposulphite of sodium ℥j dissolved in a pint of distilled water, to which is added ℥j of hydrochloric acid, to make a lotion.

A loquacious barber informed me lately that ringworm is frequent (not barbers' itch) amongst his fraternity, and he gave me the following curious but probably effectual remedy: "Make a penny red-hot, drop it into a cup of hot vinegar, and paint the ringworm with the solution."

L. L.

Ergotin to Relieve Cough.

Ergotin, in doses ranging from ten to twenty grains, has a decided influence over violent and paroxysmal cough, and especially the cough associated with bronchitis and phthisis. It is not deleterious in any way, except in the presence of highly acute febrile symptoms.

THE fore-skin, glans penis, and lips, are destitute of sweat glands.

To Abort a Cold.

The following prescription will abort a cold, if taken early in the attack.

℞ Atropiæ, ... gr. $\frac{1}{60}$
Quiniæ sulph., ... gr. ix
Ext. gentian, ... gr. ix
Mix and divide into three pills.
Sig.—One every four hours, for one day only.

Turkish Baths for Epilepsy.

A Turkish bath would not infrequently arrest the "fits" of epileptic sufferers for many weeks, even when they have been recurring several times in one week. The state of pregnancy also often arrests them, though they are apt to return after delivery.

Digitized by Google

Disinfectants.

We abstract the following sensible directions from a paper by Dr. J. N. McCormac, in the *South-western Medical Gazette*, a new and very attractive monthly journal:

Burning is the only reliable disinfector of the discharges from the lungs and throat in phthisis, diphtheria, and scarlet fever.

Boiling destroys all known disease-germs, and completely disinfects clothing and bedding.

Chloride of lime, four ounces to the gallon of water, efficiently disinfects the discharges from cholera, typhoid, and dysentery, whether from the mouth or bowels.

Bichloride of mercury and permanganate of potash, two drachms of each to the gallon of water are equally efficient, and are odorless, but are poisonous, and require longer time to act.

Super-heated steam is also equally potent, but is inapplicable except in public institutions.

Sulphur is reliable for disinfecting rooms; three pounds for every thousand cubic feet of air should be burned in an iron vessel, closing all apatures in the room from access of air; the the vessel should be placed in a tub of water: let it remain for twenty-four hours. Afterwards wash walls, etc., with the chlorate of lime solution.

Sulphate of iron retards decomposition in privy vaults, etc., but is no true disinfectant.

Chloride of Zinc as an Antiseptic.

Chloride of zinc, though not in it itself a direct germicide, has the property of rendering a cut surface or the walls of an abscess, proof against the invasion of germs, according to Professor Edward Hamilton, of Dublin. The continuous application of a weak solution of the salt, after evacuation of contents, will render the abscess-walls entirely aseptic. It may be done by irrigation, using a solution not stronger than one part to two hundred.

Organic heart-disease destroys hosts of poor children in New York annually. It results from rheumatism acquired in the damp cellars and tenements in which their young days are wasted.

Myrrh as a Prophylactic.

It is a common practice with physicians in the eastern hemisphere to carry a morsel of myrrh in their mouths when attending infectious cases. They hold that this is a reliable prophylactic measure.

Denies the Existance of Prurigo.

Dr. Tom Robinson maintains that there is no such disease as prurigo, properly so called; that all the symptoms are results of scratching, having a recognized and discoverable cause; that children's prurigo is dependent on developing hairs before puberity; and winter prurigo of adults is due to imprisoned hairs.

Dr. Aulde, of Philadelphia, narrates several cases of chronic joint affection especially attended with stiffness, the result of rheumatism, which have entirely yielded, after every other treatment has failed, to an application of salicylic acid and manipulation. His formula is one part of salicylic acid, four parts of lanolin, with sufficient olive oil to make into a soft ointment. The ointment is thoroughly rubbed on the part affected with the hand every night, for three successive nights, then discontinued for three nights; when, if it is needed it can be applied again. To protect clothing, the joints should be covered with sheet cotton or oil paper. Manipulation at the same time should be used, being careful not to produce inflammation by undue harshness.—*N. Y. Med. Times.*

The New Jersey Horse Epidemic.

The serious epidemic which is now playing such havoc among the horses in New Jersey is supposed to be either a species of typhoid or cerebro-spinal meningitis. It is suggested that it is caused by germs rising in the air from fertilizers made from menhaden fish, or germs from decaying vegetable matter along the marshy coasts, the saline deposits, rain, hot waves and scalding sun having expanded the germs and set them floating. It has not so far affected mules. A horse attacked by this disease becomes stupid and vacant, refuses food, staggers, and drags its hind legs. A swelling appears in the throat, and it becomes too weak to stand. The lungs become congested, delirium sets in, and the animal becomes paralyzed and dies. One authority refers it to a minute poisonous parasite, which infests the animal's whole body, especially the muscles, thus resembling trichinosis.

Fruits.

People with gouty, rheumatic or diabetic tendencies, should partake sparingly and judiciously of fruits, as also those who are liable to dysenteric troubles. As a stimulant to digestion, a light food, and laxative, subacid fruits are undoubtedly useful in many cases of atonic dyspepsia and chronic constipation; bananas, plantains and the more digestible varieties of nuts are distinctly nutritive by virtue of their contained albumen, fats and starch. But all fruits should be sound and mature; when otherwise, they act as chemical irritants; and when over-ripe, they are even poisonous through the chemical products of decay or the germ poison of putrefaction.

Digitized by Google

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

☞ Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

General Address to the Contributors to THE MEDICAL WORLD.

As many of our most successful practitioners have had but limited experience as writers for the public press, we desire to give a few plain instructions which will make this work easier for them, and enable us to place before our readers the benefit of their experience and reflection.

KIND OF ARTICLES PREFERRED.

1st. Your favorite method of treating some common disease, when you have developed a method, more or less original, which has proven more than ordinary successful in a series of closely observed cases. One or two cases are hardly sufficient on which to base a conclusion.

2d. Original observations in regard to the causes, pathology and course of common diseases.

3d. Articles on special diseases of the seasons, just preceding the season of their prevalence, that the profession may have the benefit of the information during the approaching season. For example, intestinal disorders in time to be published in May; pneumonia in October, etc.

4th. Observations on new remedies, or new uses for old remedies.

5th. Cases which terminated unfavorably, with a close and clear analysis of the cause of the failure, when that can be discovered. These articles are of great value.

6th. Replies to assistance asked for by our readers.

7th. Rare cases, etc.

HOW SHALL I WRITE?

1st. Write briefly and plainly. Dont neglect to punctuate; for if you leave this to us, we may unconsciously fail to express the meaning you intend.

2d. Write on one side of the paper, leaving wide space between the lines.

3d. Write all matters addressed to the business or subscription department of the journal on a separate sheet of paper. We wish to keep it for filing, and do not place it in the hands of the printer.

4th. Do not omit small words, such as "I," "the," "of," etc.

5th. As diphthongs are useless relics of by-gone ages, we are endeavoring to discontinue their use, except in forming Latin plurals and genitives.

6th. Do not abbreviate the names of medicines, but write them plainly and in full.

7th. Write all prescriptions in prescription form.

8th. Describe symptoms and treatment fully. When you have finished your contribution, either read it carefully yourself, or have some one else to do so, with a view to correcting all errors and striking out all surplus matter.

If you are *not* a competent literary expert, do not hesitate on that account to write, as, if an article contain a valuable medical thought or an important scientific truth, we are perfectly willing to rewrite it ourselves.

Should your article not appear, it will be for one of the following reasons: Either we are keeping it until its appropriate season; or we have received more acceptable matter than we can use in one number, and are holding it over until the next; or its length or the nature of its subject render it undesirable for our columns; or we have already published as much on the subject as we think the importance of the subject demands.

When a personal reply to a question or case for treatment is desired, inclose a fee of one dollar.

Replies to Questions in September's WORLD.

Editor MEDICAL WORLD:

On page 330, Dr. Brown relates a case, and asks the cause of blindness. There is a hiatus in the history of the case which should be filled before the question is answered. Did the child have ophthalmia? Some inflammatory disease must have been present to account for the condition of the corneæ. We would suggest an inquiry.

Dr. Engell's case is one of those where most serious damage is inflicted on the internal organs, while little sign of the injury can be seen on the surface of the body. Such cases are not very rare in military surgery. In this case, the vitality of some portion of the stomach was destroyed. Sloughing ensued, with erosion of a vessel, or capillary oozing, and hematemesis. The sudden pain was due to perforation of the peritoneum, and the vomiting brought up blood which had previously collected in the stomach, as shown by its having been acted upon by the gastric juice. Had it been a collection of disintegrated blood bursting into the stomach, he would have experienced relief instead of pain.

On page 347, Dr. Duckett describes a case which I would much like to examine. The symptoms would indicate disturbance in the anterior portion of the spinal cord. I should strip the child, go over it most carefully, searching for some source of reflex irritation, examine the bowels, the genito-urinary organs and the spine. Failing to find anything on which to base a therapeutic procedure, I would regulate the child's diet, giving boiled milk, with Fairchild's peptonizing tubes, strained oat-meal gruel and toasted stale bread, but no irritating or stimulating articles. Sponging with hot salt water, and the application of ether-spray to the spine, would be useful. Internally, iron, iodine, mercury or quinine, should be given if indicated; and, empirically, cimicifuga in small doses may be tried. For herpes preputialis, I have succeeded in curing by dusting with dry, finely powdered oxide of zinc, tannin, or bismuth. The best preventive is daily washing with cold water, and no soap. For flushes at the climacteric, the bromide of sodium sometimes answers, but a

Digitized by Google

better remedy is the ammoniated tincture of valerian. I think there must be a better still, and will watch for your readers' answers with interest.

Dr. Cuming may find that serious injury has been done his patient, which is masked by the inflammatory symptoms. The treatment should be removal of all decomposing matters, including possibly retained placenta or clots, and the vigorous administration of quinine, iron and alcohol.

Dr. Myers will find granulated lids in his case. The cautious application of sulphate of copper, followed by weak cocaine solutions, one grain to the drachm of water, should give relief.

Dr. Barrett may be reminded that hemicrania beginning in childhood is apt to be caused by masturbation. Antipyrine, in two-grain doses every two hours has given relief in three of our cases. To prevent the attacks, we put much faith in strychnine given for months. But the eyes should be examined, as many neuralgias are of ocular origin.

Psoriasis will not yield to mercurial ointments until the hypertrophied tissues are reduced by pressure, by soap plasters, or by the application of lint wet with glycerine.

Dr. Clark's nevus needs immediate attention. If we had the case here, we would apply the galvano-cautery or the electrolytic needle. Small nevi have been removed by vaccinating them. Compressing the artery and injecting with carbolic acid may be more feasible in this case. A pad may be applied over the artery, and kept in position by an elastic band.

For "old sore legs" a most welcome application is iodoform ointment, with tannin if needed. The elastic bandage aids by giving support to the weak, newly formed tissue. Asthma, with much sputa, is bronchial catarrh with a spasmodic element. Tr. iodine and phenol sodique, one to nine, twenty drops every four hours, and the same to be inhaled from boiling water, do good. Cod-liver oil, with lactophosphate of lime, keeps up the strength, and lessens the expectoration.

W. F. WAUGH, M. D.

Philadelphia, Pa.

Dr. C. B. Little, of Clark's, Neb., says that if he can get as much pleasure for as little expense in the next world as he does in THE MEDICAL WORLD, he will be content.

He also wishes some of the readers to give some practical hints on the necessary operations in dentistry for a country physician, tooth-filling especially.

On the Management of the Nipples.

[*Continued from July number.*]

Editor MEDICAL WORLD:

I shall now consider some of the pathological conditions to which the nipple is subjected.

Probably the first suction of a strong child on an average nipple removes all its sebaceous matter, opens up the orifices of the lactiferous ducts, by withdrawing the plugs of hardened colostrum which may have obstructed them, thins the epidermis by solution, and produces to some extent at least extravasation of blood under the cuticle. Of course the extent of these results will also materially depend on the length of time the child remains at the nipple.

When the child releases its hold of the nipple after the milk has appeared, were we then to examine the organ, we would find it covered with milk mixed with the acid saliva from the child's mouth, and with but little, if any, of the natural unctuous matter on it. In this condition let the nipple be exposed to the cold air and the result will be a drying of the part, which will then become hard and irritable with probably some exudation from the parts in which the epidermis has been partially *eroded.* Repeated sucking will exaggerate this, by removing the scabs; and we have then *excoriated nipples.* From this results partial destruction of the cutis, causing *ulceration* of the nipple.

Fissure is an elongated ulceration generally deeper than the simple excoriation. It forms at the bottom of the furrows and takes their direction; sometimes, and then most painful, it occupies the grooves separating the base of the nipple from the rest of the skin.

Cracks are an exaggeration of fissures. They differ from the latter by the cracked, swollen and extremely sensitive condition of the surrounding skin. The reason that these conditions most frequently affect the apex of the nipple is explained to be the reception of the nipple in the gutter formed by the tongue and soft palate of the child; the efforts of suction thus telling on the tip of the nipple, which is then unsupported, and the epidermis of which gives way. This reason I translated from Prof. Schroeder's work on Obstetrics to which I refer my professional brethren.

Fissures and cracks may also be produced mechanically by violent traction on the nipple during sucking. It will readily be imagined that so vascular an organ as the nipple will readily bleed during sucking, should it be in any of the conditions previously noticed; and thus an explanation will be found for what would otherwise probably excite alarm, viz., blood in the vomit or stool of the infant. Of the pain

Digitized by Google

generally attending these fissures and cracks, Cazaux remarks as follows: "When we remember the painful sensations resulting from the cracks that sometimes form on the median line of the lower lip in winter, we may imagine the effect of those on the nipple, torn as they are at each renewed attempt at sucking. The suffering is sometimes so intolerable that these unfortunates are observed to bite their clothes or coverings to avoid crying out, whilst others writhe, or are even affected with convulsive movements."

The nipple when thus diseased, must undoubtedly influence the breast proper, and must be one of the most frequent causes of abscess.

Abscesses arise sometimes from the passage of the inflammation from the nipple along the lymphatics; at other times from obstruction of one or more of the orifices of the lacteal ducts; or again from the continuation of the inflammation of the tissue of the areola and thence to the breasts. The situation and character of the mammary abscess will depend on the condition of the nipple which produces it.

WM. F. OLSTEN, M. D.

Ephraim City, Utah.

[*To be continued.*]

The Pain Treatment for Overdoses of Opium Again.

EDITOR MEDICAL WORLD:

There should be no controversial argument in any case where human life is involved. As your Albany correspondent intimates, facts are what is required.

I lay down a well-known and undisputed proposition—that opium is an antidote for pain, and simply ask whether the converse of this fact is not reasonable—that pain is the antidote for opium?

The sensible physician graduates the dose according to the severity of the pain; and who has not seen cases where an ephemeral pain subsiding, after the exhibition of an opiate, the life of the patient has been endangered or actually lost?

What I insist upon is, *pain;* you may inflict it as you please, but let it be so persistent and severe that the force of the drug will not spend itself on the nervous centres but be neutralized by the torture.

I suggest the "thumb-screw" or its equivalent. And a cord around finger ends for several hours is equal to a felon on each phalanx compressed.

I am not unmindful that almost every known drug has sometime been *recommended* as an opium antidote.

If the medical profession can see the reasonableness of these suggestions, and promptly carry the idea into execution as such cases are presented, we shall not have to wait long for "practical tests" of its value.

Monroe, Mich. I. H. STEARNS, M. D.

Diphtheria.

Editor MEDICAL WORLD:

In diphtheria do not gargle or swab, and thus scatter the virus into the larynx or post nares; the following is my treatment for a child six years of age:

℞ Potass. bichrom.....gr. ss to ¼
Potass. bromidi.....gr. xx
Tinct. aconiti.....
Tinct. belladonnæ.....āā.....gtt. x
Aquæ.....f℥ iv

M. S.—One teaspoonful every one, two or three hours, according to fever.

Also, in the early stage of treatment, if the throat or tonsils be swollen, a few doses of terebinth. Keep the bowels open with senna, or some mild but efficient physic. Outside I use nothing but flannel sufficient to keep the neck warm. The membrane will usually gradually disappear in from two to five days, if the case is not too far gone before treatment is begun. This is my favorite treatment during the past twenty-five years, and as such I offer it to my professional brethren.

Alma, Colorado. G. H. KEABLES, M. D.

Sheep Sorrel for Cancer.

Editor MEDICAL WORLD:

In the columns devoted to "current medical thought" in THE WORLD for June, mention is made of the use of the inspissated juice of *oxalis acetosella* for a case of epithelial cancer with cure, by Eltinge, and the juice of *rumex acetosa*, by Sawyer, for the removal of morbid growths. It is the first I have ever seen in medical literature about the efficacy of these agents in the removal of morbid growths; but THE MEDICAL WORLD is always producing something for its readers that will interest each and every one. As to *oxalis acetosella* or wood sorrel, though probably the same in its action, I have never seen it used, but have on one occasion seen the *rumex acetosa* or common sheep sorrel used upon a growth on a gentleman's nose, that was evidently malignant, about the size of a strawberry, a complete cure resulting. According to the U. S. P. it owes its acidity to the binoxalate of potassa, which is sometimes separated for use, and sold under the name of *salt of sorrel.* The manner in which it was prepared and used in this case was different from that which is adopted in the preparation of the salt of sorrel of the dispensatory. Following is the manner in which it was prepared and used:

Digitized by Google

A handful of the fresh leaves and petioles were placed with a small quantity of water in a pewter basin and thoroughly bruised and macerated for twenty-four hours, when the basin with its contents was set in the sun, that evaporation might take place. After the greater portion of the watery element had evaporated, the leaves and petioles were removed, the remaining juice expressed from them and the liquid was ready for use. A piece of silk to cover the growth was saturated with this, and being applied, was covered with oiled silk. This was renewed two or three times a day for two days, after which it was dressed with a warm poultice, the diseased tissue coming away after a day or two, with the result as above stated. As an escharotic it is rather harsh and painful. I never had an opportunity of trying any of the remedies kindly suggested for my case of priapism, having lost sight of him in the interval. Thanks for the same.

C. ALLAN BROWN, M. D.

Beardstown, Tenn.

Displacement of the Sigmoid Flexure and Upper Part of the Rectum.

Editor MEDICAL WORLD:

If the following case is of sufficient interest to merit a space in your valuable journal, and to elicit comment either by yourself or some of its many readers, I feel that some points not well understood will be explained.

C. S. had for several years been subject to attacks of intestinal colic, which could be permanently relieved only by free catharsis, requiring from twelve to twenty-four hours to produce. On May 29, I was called and for the fourth time found him suffering as in similar attacks before. There was incessant cramping, with frequent exacerbation, accompanied with loud groans and drawing-up of the body. Bowels moderately tympanitic, and had not moved for two days; pulse and temperature normal. I ordered the treatment that had given relief in other attacks: I gave oil and calomel and ordered rectal injections, all to be repeated at intervals until the bowels moved. I also gave anodynes to relieve the pain, and hot fomentations to the abdomen. On the 30th I found no change except more tympanitis, and pulse depressed. Treatment continued, adding turpentine internally and also per enema. On the morning of the 31st, I was unable to see him, and by request Dr. Dicken visited him and found him unrelieved. At my next visit at noon the bowels were enormously distended, and there were symptoms of heart failure. At 7 P. M. his pulse was 130 and very weak, first sound of heart inaudible, and respirations quick. Everything that is now swallowed is immediately rejected. I will here state that there had been but little vomiting. Patient lingered until midnight when he died sitting in a chair. I was told by those present that there was but little cramping the last hour of his life, but that he suffered excruciating pains in the left thigh and leg.

Post mortem.—On turning back the abdominal wall, an enormously distended bowel was seen, filling the right half of the abdominal cavity and extending from the right illiac fossa to the under surface of the liver, and, making a turn and dipping down under the small bowel, it abruptly became smaller; on tracing it up it proved to be the upper part of the rectum and and sigmoid flexure. It was now seen that the obstruction was caused by the rectum twisting sharply upon itself, and with the sigmoid flexure being thrown across to the right side and covering the ascending and part of the transverse colon. The stomach and small intestines were empty and natural.

What caused the displacement? There were no adhesions. What prevented the gas and fecal matter from permeating the small intestine and upper part of colon? What was the cause of the pain in the left leg? Is there a history of a similar case on record? The treatment will bear criticism, since the nature of the obstruction is known; but what more could have been done? Introducing a tube was talked of; would it have been practical here?

Roann, Ind. G. H. BRODBECK.

A New View of Opium in Cholera Infantum.

Editor MEDICAL WORLD:

Noting the discussion, "Opium in Cholera Infantum," going on in THE WORLD, I would beg leave to call the attention of the profession to an article presented to the Elk Co. Med. Society, in 1885, by Dr. S. M. Free, of Dagus Mines, Pa. (now of Baltimore, Md.), on the above subject. The article was afterward read before the State Society, and published in the society's transactions of that year.

Dr. Free recommends morphia, preferably hypordermically, in doses large enough to produce sleep for from 8 to 10 hours, followed by a diet and drink of lime-water and milk, exclusively, at first in small quantities, but gradually increased. By this means the nausea is prevented, peristole arrested, etc. Whatever the theraputic effect of the drug and the pathology of the disease, the result is gratifying. Dr. Free's paper is well worth reading, and is easily obtainable by any Penna. physician.

Shingle House, Penna. W. H. TASSELL.

Digitized by Google

Other Remedies for Consumption.

Editor MEDICAL WORLD:

Aggression is the watchword and "tubercle bacillus" the object of attack. If we accept the theory of Koch (and how can we do otherwise?) the first step toward the destruction of this little microscopic enemy is to stab him to death by such remedial agents as are innocuous to the human family, but death to all living microscopic germs. Benefit has resulted from the use of antiseptic treatment of a microbicidal character in tuberculosis long before the Koch discovery, and if we will stop quibbling and doubting and thoroughly test the bacillus theory by the application of certain remedies distructive to germ life, we will not only honor ourselves, but advance science. The first great step in that direction has been brought forward by Bergeon, namely, the sulphuretted hydrogen treatment in combination with carbonic acid gas, and while this treatment may prove wonderfully successful, yet it is attended by danger. Why use the bowels to administer this remedy to the exclusion of other plans? The answer is, because it is the only plan yet devised. If then, the sulphuretted-hydrogen-carbonic-acid-gas treatment is destined to put out the light in the little monster and forever stop his gnawing the lungs to a honeycomb, then why not look about us for a more harmless mode of administering the remedy? When a boy I remember every Sunday of having gone to a spring in the neighborhood in company with a crowd of other boys (and men) and drinking myself full of this spring water, and no matter how much we drank, it would not cramp or injure us in the least; but of all the nasty taste and smell that followed this drinking after we began to "belch" (for we were both full of water and gas); the "rotten egg colic" is a tame name for it. It would cause eructations bearing the odor of unsound eggs, but would not cause pain. Several old men in feeble health would visit the spring daily and drink until they could drink no more, and while some others said the water was rotten and unwholesome, those who regularly drank it improved in general health as long as they continued to drink of the spring. It was called "*the rotten egg colic spring*" by us boys. The spring has long since been allowed to fill up, as no attention was paid to it, but I can go to the self same spot at the brow of a hill, and, by digging down a couple of feet deep, it will burst forth again.

Since the "sulphuretted-hydrogen-carbonic-acid-gas" treatment has been introduced, together with my knowledge of these elements, I am convinced beyond the shadow of a doubt that that "rotten egg colic spring" possessed by nature's own inimitable hand just the proportionate combination of sulphuretted hydrogen and carbonic acid gas as is now employed in the treatment of tubuculosis by Bergeon's method, and perfectly harmless, and, at the same time, a more agreeable and pleasant mode of administering the two gasses. Shall we resurrect the old spring? The property can be bought cheap, as those now owning it know nothing of the spring or its medicinal merits.

Before closing this paper I would state that there are two other remedies that will destroy the bacillus or any other living germ, no matter where found, and that too without injury to any part of the living structure of the human family, namely: the smoke from burning Dalmatian insect powder, and our common crude coal oil. The coal oil is certain death to all insect life when applied direct, but the plan for using it in tuberculosis must yet be devised, if the result from its internal administration is unsuccessful.

J. ZACK TAYLOR, M. D.

Deals Island, Somerset Co., Md.

[Dr. H. C. Wood has tried, with considerable success, giving by mouth a strong solution of sulphuretted hydrogen, instead of gaseous enemata after the Bergeon method. Most, if not all, artesian waters, like the above spring, contain sulphuretted hydrogen, and they have been used medicinally many years for various complaints, although the action of sulphuretted hydrogen upon the system and its various organs is not definitely known.—ED.]

A Cure for the Bad Effects of Tobacco.

Editor MEDICAL WORLD:

Some five years ago I was consulted by a Mr. David Webb, a saw-mill man, at Liberty, Ind., concerning a "run-down condition of his system;" and while listening to his history, I noticed that he was a user of the "weed." I questioned him about its use, and was informed that he used it to excess; but I will give his words, as near as I can remember:

"Yes, I am a great lover of the weed, having used it to excess for 20 years. The first thing on arising each morning, and before I don my clothes, I take a good, large chew, then I feel like 'business.' I chew until summoned to breakfast, when I disgorge; and as I push my chair from the table I take another chew, which I continue doing until ready to sit down to dinner; and immediately after this meal I 'go for' my tobacco, chewing up to after supper, and until my clothes are off for bed! This is it, doctor, in a nut-shell; and it has been my way for about twenty years; but I think my

Digitized by Google

lungs are affected, as I am losing flesh, appetite and rest."

I gave him a *placebo* and the following advice, which he promised to follow: "Do without tobacco one hour before and after each meal, swallowing all the saliva. Weigh yourself before commencing treatment, then again in a week."

He reported at the end of ten days, and said: "Doctor you have *cured* me! *I have gained just twelve pounds;* I sleep well, and eat like a hog!" I have since used this prescription, and as far as heard from, all my cases of excessive tobacco users have been improved, or cured. I do not claim any novelty in this treatment, but common sense. Keeping the stomach free from saliva will bring about many ills, such as Mr. Webb's case; and if this advice is heeded by others, I have no doubt physicians will find their "stomach" cases diminishing; but, in order that doctors may not be ignored, and snubbed without a fee, the *placebo* comes to their relief.

College Corner, Ohio. G. R. CHITWOOD.

Lingering Diseases of the Digestive Organs.

Editor MEDICAL WORLD:

On page 210 of July number the writer gave a few practical points to aid in making plain cases of the above which start in the stomach; those beginning in the liver, which are least understood and therefore claim most attention, will now be considered.

Next to the stomach, this organ is most frequently the starting point of these complications; as it is the largest gland, has complicated functions and withal the feeblest circulation of any organ in the body, it is very liable to disease; having no direct outlet to the surface for the handy inspection of its secretion, and but little sensibility, its diseases, which are mostly passive in form, are not readily discovered.

When the coloring matter of the bile, which is formed in the liver cells, is reabsorbed from obstruction of the ducts which carry it into the duodenum, or it is taken up again from the bowels, as in constipation, and thus tinges the different parts and gives rise to the symptoms of retained bile, we have what is generally looked for and recognized as cases starting in this organ.

But when the organ on examination is found of normal size and without tenderness in any part, and the tongue, conjunctiva, skin and urine show no tinge of bile and none is vomited, the organ is considered "all right."

The diagnosis of these negative cases, or cases of deficient function, will now be considered.

On close examination there will often be found increased dullness on percussion over the organ, and in a few the area of that dullness will be increased, and if the heart is in order so that the hepatic veins are not involved, and the abscence of jaundice shows that it is not from overfullness of the smaller bile ducts, it will depend on portal congestion, and as more or less of the blood dams back to the mucous membranes of the digestive aparatus, a variety of secondary disturbences will follow.

One of the results of this state will be slow absorption of liquids from the stomach, and this will increase the tendency to fermentation with its host of discomforts already refered to; and the congestion of the mucous membrane of the bowels will cause frequent attacks of diarrhea, with, at times, an almost intractable form of the disease; also a tendency to hemorrhage, dysentery and piles.

The immediate effect on digestion and the peristaltic action of the bowels from this lessened bile, and on the blood from change in the glycogenic function of the liver and other points, time and space will not now permit us to consider.

Newton, N. J. P. N. JACOBUS, M.D.

Rattlesnake Bite.

Editor MEDICAL WORLD:

I was called about day-light, on September 19, 1886, in haste to attend Mr. Scott, a farmer, aged 35, whom, the messenger said, a rattlesnake had bitten. On entering the house I found the man on the floor, rolling and tossing as if suffering excrutiating pain. He was wholly unconscious and delirious.

The whole neighborhood had assembled to see the sight, and tell over the experiences from their grandfathers and old uncles who had seen a snake-bite a hundred years ago, that killed, instantly, the patient.

I began to question the wife as to when and where it occurred, etc. She informed me that he was digging potatoes about a half a mile from the house, and at three o'clock, p. m., she heard him hollowing as if something had frightened him. She ran to meet him with the camphor bottle in her hand, but before she reached him he fell unconscious to the ground. She soon began to bathe him in camphor, for this was all she knew to do. One Mr. Paul, the patient's cousin, heard the hollowing, and also ran to his assistance. Learning the trouble, he corded the limb in three places, above, below and around the knee-joint. Wife and cousin carried the patient to the house, and administered freely corn whiskey until they could get medical attention.

I found him as above stated as near as I could learn.

Digitized by Google

The bite was on the external surface of the left leg, about the middle third. Owing to the tight cord (a suspender) that had been applied and in position for over fifteen hours, the blood had extravasated all over the leg, so much so that the whole limb was black and cold, for the want of arterial blood. The limb was badly swollen and numb. All feeling had disappeared; it looked as if amputation was the only remedy. I had no one with me to help do anything in the shape of an amputation, so I went to work alone.

With regard to treatment I would say, that it was new with me. I have since looked the matter up, and I find that my text books pass it by, only giving it general treatment.

I immediately cut the wound or bite out, then gashed the leg in about thirty places from the knee to the ankle, for the purpose of letting out the extravasated blood and poison if any remained. This reduced the size of the limb, and gave considerable relief to the distended blood vessels. After allowing it to bleed freely I washed it with a solution of carbolic acid, and ordered it dressed with hot poultices of poke root every three hours to keep up warmth and moisture, thus facilitating the escape of extravasated blood. I then gave him a hypodermic of morphine and atropine. This reduced his temperature from 104° F. to 103° F. very quickly, and also quieted him. The above solution was continued in sufficient quantity to produce perfect rest. In conjunction with the above I gave him compound tincture of iodine, 10♏. and carbolic acid, 2♏. every two hours for twenty-four hours, and then diminished it to only four times a day.

After sufficient time had elapsed for him to be under the influence of this iodine mixture, (about five hours) I had the cords removed.

I called to see the patient again on the 21st of September, and found him sitting up in bed; temperature 99°F. He had been resting well at night and now had regained consciousness, but complained of his throat being dry, which was due to the atropine.

The leg was looking much better, but the foot had become edematous, so I gashed him again as before, and ordered his medicine continued. He used corn whiskey freely all the time.

I have kept track of the patient ever since, and he is now well and happy.

F. P. GATES, M. D.

Bayboro, Pamlico Co., N. C.

For Hemorrhagic Diathesis.

Editor MEDICAL WORLD:

If J. R. Welch will triturate fresh charcoal with sugar, or sugar of milk, 1 to 10, and give the product to his patient in 2 to 5 gr. doses, four or five times a day, he will certainly control the hemorrhagic condition.

To tone up the blood vessels, give in addition, 2 to 5 drops of a good fluid extract of viburnum prunifolium in a teaspoonful of water several times a day for some weeks.

If he adopts this treatment, I am sure his report will confirm my statement.

Scott City, Kan. L. H. KEYS.

Cholera Infantum.

Editor MEDICAL WORLD:

I have been much interested in the discussions going on THE MEDICAL WORLD in regard to the treatment of cholera infantum; also, of phthisis pulmonalis by Dr. Bergeon's method. I have been much surprised to see so little said about the diet in cholera infantum. I am only a young practitioner, but I have had enough experience to know that I can do but very little with medicine in cholera infantum, or intestinal catarrh, if I do not look closely to the diet; the diet I find to agree with all but a very few cases, is that recommended by "Playfair's System of Midwifery," 2d American edition, page 548. I find it advisable to sometimes remove all the casein, and give only the whey, with the cream from a similar quantity of milk. This form of diet together with the following plan of treatment I have found very far ahead of the old form of treating, mostly with opiates and sedatives:

℞ Sulphate of iron.....
Salicylate of soda.....of each ℈ j
Glycerine.....ʒ iij
Water, pure.....f ʒ iij

M.—The iron and salicylate of soda should be dissolved separately and mixed. It should be a clear wine color.

Sig.—One teaspoonful every hour till the stools are black, then every two to four hours, and occasionally a small dose of castor oil to clear the bowels.

If the pain is severe enough to be in danger of killing the child from the exhaustion caused by worrying, give enough of the following prescription, from "Smith's Diseases of Children," to control it:

℞ Tr. opii deod..... .... gtt xvj
Spts. ammon. aromat.....ʒ j
Bismuth subnit.....ʒ ij
Syr. simp.....ℨ ss
Mist. cretæ.....ʒ iss

M.—Sig.—One teaspoonful every hour when *awake if in much pain.*

Have any of the brotherhood tried Declat's Phenic Acid treatment in consumption? If so, let us hear from them. I am treating two cases of phthisis pulmonalis, first stage, by that method with wonderful success so far, as compared with the old method.

Alabama, N. Y. WM. F. BELL.

Digitized by Google

An Extraordinary Uterus.

Editor MEDICAL WORLD:

The inquiring mind of the studious physician is ever grasping for knowledge. It is under the influence of this stimulus, as well as the desire of presenting to others a case singularly unlike any previously met in my practice, that I produce this article, hoping that some of your readers may have an explanation, or have met with a similar case. The patient is a lady possessing what I term an abnormal uterus. She is a married lady of about 24 years of age, rather below the average size, weighing about 100 pounds, in health, and is fairly proportioned. She is the mother of three children, their respective ages being six years, four years, and six months. She was married at the age of seventeen, and enjoyed good health generally with the exception of an occasional attack of malaria. I first saw and attended her at her last confinement, which did not prove to be a very tedious labor. She remained in bed ten days subsequent to the day of her delivery, after which she began to attend to her domestic affairs, being in a promising condition; and for two months enjoyed as good health as she had for years. Soon after this she came to me with symptoms of malaria. I prescribed, and she again began to improve. But thinking a little farther treatment necessary, she and her husband started to drive to my office, when the horse became frightened and the lady sprang from the carriage to the ground with her babe in her arms. From that time she again slowly began to decline. She began to suffer from pain in her back, a slight leucorrheal discharge, and occassionally urinary irregularities, but not serious in character. In the course of a few weeks, she was taken with chills, and ran a course of true malarial fever. However, circumstances and symptoms led me to suspect other and complicating difficulties. Upon examination, I found a lateroflexion of the uterus. The inclination was toward the left. With the use of the uterine sound, together with conjoined manipulation, the organ was reduced to its normal position, where it has since remained. My curiosity was aroused and concentrated immediately upon my conflicting endeavors. The sound passed the external os with comparative ease, and here stopped, and for awhile seemed to have reached an impenetrable destiny. But with perseverance and continued efforts, the opposing muscles relaxed, and the sound passed the internal os with the sensation of a bougie passing through a ligamentous or cartilaginous stricture. After passing the internal os, when in its normal position, the sound could be passed without obstruction, fully nine inches before reaching the fundus. It could then be swept around the walls and fundus without a sign of any foreign growth. In order to make the case satisfactory to myself, I called Dr. Olmstead, of Dundaff, Pa., an able and experienced physician, for consultation; who likewise regarded it as extraordinary to any case ever met in his practice, as a non-gravid uterus. We solicit any information from your readers, or history of any similar cases.

A. L. CRAFT, M. D.

Herrick Centre, Pa.

Treatment for Swelled Testicles.

Editor MEDICAL WORLD:

Allow me to tell my brethren in the profession how to cure orchitis quickly and cheaply. I have tried this treatment, and have seen it tried by one other physician a number of times, and always with uniform success. Proceed as follows:

Cut off the hair with scissors, a narrow strip. Take the strongest solution of carbolic acid, the liquified crystals as produced by warming, or from standing open for a time; apply with a camel's-hair brush directly over the spermatic cord (*never apply to the testicle*), one-eighth of an inch wide, for about one inch or one inch and one-half in length. Put on freely or until the strip of skin turns white and smarts.

One application generally reduces much of the swelling of the testicle and cord, also removes all tenderness worth mentioning in twenty-four hours. Give homeopathic tincture of pulsatilla, five drops every two hours in a tablespoonful of water for twenty-four hours, then one drop for three days longer. Suspend the testicles with an easy fitting suspensory bandage. Try this and report.

Syracuse, N. Y. M. M. BROWN, M. D.

A New View of Ergot.

Editor MEDICAL WORLD:

In the August number of THE WORLD, a correspondent, commenting on the case of eclampsia reported by Dr. Boyden, seems to think it was fortunate for the woman, under the circumstances, that the doctors did not have any ergot with them, and says, "for the use of ergot would not have been advisable until the second stage of labor was about at an end."

I will give a very concise report of a case of eclampsia that occurred in my practice a few years ago, in which ergot was given in the first stage of labor with good results.

I was called to see a lady in her first confinement, aged 22 years, delicate frame and constitution. On my arrival, I found her vomiting, and suffering with diarrhea and very slight labor pains.

Digitized by Google

After prescribing, I left my patient for a short time; on my return, I found her in convulsions, which I controlled with chloroform inhalations, and bromide of potash, chloral and hyoscyamus.

The patient remaining unconscious, and there being inertia also, one old woman said the pains had gone to her head instead of the womb, and that I ought to give something to drive them to the right place.

The patient being a primipara, and labor just barely commenced, and no dilitation of the os, I refused to give ergot.

An older doctor was called in consultation; after consulting, he suggested the use of ergot in the present condition, and the forceps in the second stage.

I said, "Doctor, you would not give ergot now, when there is no dilitation of the os? Besides, this patient is a primipara."

Said he, "Yes, I have never seen a case of spasms where ergot was given freely. I would give it to contract the arterioles of the brain, you know."

I gave ergot; labor pains soon came on, without convulsions, the patient still remaining unconscious, and in almost six hours from the first dose of ergot I was able to complete the delivery with the aid of the forceps, without injury to the mother. From appearances the child had been dead for several days previous to birth.

The patient recovered gradually from her unconscious state in about ten hours after delivery. Also, in due time, made a good recovery generally.

I have given ergot in the first stage of labor since, in similar cases of eclampsia, without any perceivable injury. But, I give it for the purpose of contracting the arterioles of the brain, just as I would for a case of cerebral hemorrhage, instead of for the uterine inertia. I am not fond of debate, but I think Dr. Boyden would not have erred had he given ergot, with discretion, as we should all medicines.

Malotte Park, Ind. J. V. BOWER, M. D.

Morning Exacerbation of Fever.

Editor MEDICAL WORLD:

I desire to ask the members of the profession for their explanation of a fever occasionally higher in the morning than in the evening.

I have a patient, girl, in her fourteenth year, who has never menstruated, who, from a thorough wetting and exposure, was taken with pneumonia and metritis, passing into a typhoid condition, which we call mountain fever. In this case, however, the temperature would run as follows: 103 in the morning and 101 in the evening; 106¼ in the morning and 104 in the evening, etc. Throughout the entire course the fever was lowest in the afternoon, beginning to rise about midnight. She slept well, her cough being worse during the day.

All typhoid symptoms have now disappeared; temperature normal in the evening, but rises to 101 in the morning, and she has considerable bronchitis. She has a good appetite, is quite strong and cheerful, although emaciated.

Blunt, Dak. N. W. ABELL, M.D.

Tubal Pregnancy.

Editor MEDICAL WORLD:

I hesitate somewhat to report this case, for I feel satisfied that I will be criticised, perhaps censured by some. Still I feel it to be my duty to report the case, even if I did not do exactly right. I do not claim to know it all, and my experience may be of benefit to some one.

In January last I was called to see a negro woman, the mother of four children. She had also aborted three times. Found the patient suffering with considerable pain in the lower part of bowels, of an intermittent character. Had not menstruated in three months. There was some enlargement in the lower portion of the abdomen, os high up and not dilated. My diagnosis was threatened abortion, and I treated her accordingly, although she declared there was nothing that way the matter with her. (She had been a widow for two years.) Two days later the symptoms were all much worse, great tenderness of the abdomen, also great pain in the vagina, when I attempted to make an examination; rather profuse and very offensive discharges from vagina. Third day peritonitis well developed and very severe. Could not bear an examination of the abdomen at all, and I could only make a slight examination by the vagina. She passed some clots of blood during the day; discharge very offensive.

Suffice it to say that she gradually recovered, but was not able to sit up for more than a month, and was then very feeble. When I made my last visit, which was ten days after the first visit, the abdomen was still enlarged and very tender. I still thought my diagnosis was right, although I had not been able to find the fetus. The discharge continued for more than a month and gradually disappeared. I heard nothing from the case from January 25th until April 15th, when a sister of the patient told me that she was still in the family way, and that the child could be felt moving. I could not believe it, but called in, and sure enough, the movements were plainly perceptible. I must admit that I was puzzled, but I finally concluded that there had been twins at first

Digitized by Google

and that one had been lost, for I did not think it possible for anyone to have such a discharge unless there had been an abortion.

I did not make a close examination at this time, but told the woman that she would be confined in about two months.

On May 3d I was called in again, found the patient having considerable pain at intervals, but by placing my hand on the abdomen during a pain I could not feel any contraction, but could feel the child very plainly.

Considerable tenderness of the abdomen, no dilitation of the os. Gave morphine to procure rest, and left with directions to send for me if necessary.

I was sent for again on the 21st. I found the patient in the same condition as before, except greater tenderness of the abdomen, in fact slight pressure caused extreme pain. Os high up and undilated. I diagnosed breech presentation. I gave morphia to control the pain, and left. I was called again in the night, the patient having had no rest. I continued morphine, and applied warm applications to the abdomen. On the 22nd she was still getting worse, intermittent pains in the abdomen, though I could feel no contractions. Every symptom of peritonitis coming on. Abdomen puffed up and very tender. I must admit that by this time I began to be puzzled, but I never once thought of extra uterine pregnancy. I went home to read and see if I could get any light on the case, but was called immediatly to another case. I did not get back until next day and found a man waiting for me, who said the patient was still worse. I found the patient had not rested at all during the night, could hardly bear to be touched, pulse quite feeble, no discharge from vagina. I now determined to make a thorough examination; so I administered chloroform to complete anesthesia. By external palpation I could feel the child plainly, but could not define the womb. So I determined to introduce my hand into the vagina which I had to do to reach the os. I found the os very rigid and would only admit one finger, but by continued manipulation I succeeded in introducing my hand through the os, when lo, and behold! the womb was empty. Some of you may think that I was a long time finding this out; but all I have to say is, that after all this I still doubted, knowing how extremely rare such cases were. I told the family what the trouble was, and that it would be impossible to deliver her, and that she was bound to die. I withdrew my hand, and found some pieces adhering to it that looked very much like portions of the placenta.

The sisters insisted that I should deliver her if possible any way but by gastrotomy. Now comes the part in my treatment that you may censure; but I saw that the woman was bound to die anyway and that very soon, so I introduced my hand into the womb again. I could plainly feel the child's feet through the uterine walls; I also found that the child was still alive. So I determined to deliver it. By passing my hand over the internal surface of the womb, I found at one point immediately beneath the child's feet that the womb was uncommonly thin. By passing my finger backwards and forwards a few times over this point, I felt it give way; I then introduced, one, two and three fingers through this rent, and secured both the child's feet and brought them down, and succeeded in delivering the child in about twenty minutes, but it was dead and I could not revive it. I again introduced my hand and followed up the cord and found that the placenta was attached in the region of the right ovary, but tried but little to detach it, as I knew that it would only hasten death. By the time I had delivered the child she had come from under the influence of the chloroform. She talked a little and said that she felt better, but that she believed that she would die.

She gradually sank from hemorrhage, and died one and one-half hours after the child was delivered.

Assisted by Dr. Davidson I made a post mortem examination one hour after death. On making an opening in the abdomen a large amount of bloody water gushed out. Lying immediately in contact with the abdominal parietes, and in some places attached to the parietes, we found the cyst or sack that had contained the child. We also found it adhered to the bowels in many places. The external surface of the womb seemed to form one of the walls of the sack, at least the sack was so closely adherent to the womb that it was impossible to detach it. The left Fallopian tube was not embraced in the adhesion, but the right one was. In fact I could not trace the right tube at all, but found the ovary, which was as large as a hen's egg, embraced in the walls of the cyst. The rent in the uterus opened directly into the sack. There was also a large rupture in the upper portion of the sack, which I am satisfied had been there since labor first commenced. The bowels were agglutinated together in many places. In fact the adhesions were so great, that we could not well define anything. The placenta was attached in the region of the right tube and was so firmly adhered that we could not strip it from its attachment. The intestines were very much distended with gas. The uterus was about twice as large as a man's fist. The child weighed eight pounds, and from general appearances I think the term was about expired.

Digitized by Google

Now, my opinion is that it was at first a case of tubal pregnancy; and that the severe trouble that she had in January that I diagnosed abortion, followed by peritonitis, was really a rupture of the tube, which allowed the child to escape into the abdominal cavity, and this, of course was followed by peritonitis. Or, could it have been of the variety called intestinal pregnancy, and the outer coating, or meshes of the muscular fibres of the womb, gave way or ruptured, and let the child escape into the abdomen?

Perhaps some will think that I ought to have made a correct diagnosis sooner, and perhaps I ought; but I did not think of such a thing, and could never make thorough examination on account of the great pain. I must admit that I have not read up on the subject in three or four years, and I doubt if but few of your readers have. But I advise them to do so at once.

Some may say that I did wrong to deliver the child in the way I did, or to deliver it at all. But I am satisfied that the way I delivered would be equally as successful as to cut through the vagina, or to open the abdomen; besides the family would not permit me to open the abdomen, but insisted that I deliver some way, as they could not stand to see her suffer any longer.

I would like to say more on the subject, but will desist.

Manchaca, Tex. W. A. ELLISON, M. D.

Ready Remedies.

Editor MEDICAL WORLD:

After reading Dr. Covey's article, "For the Road," in the May issue, I was tempted to exclaim "Castanea Vesca," which is by interpretation, "Chestnut."

That has been my custom for years; it saves much time and, best of all, the people seem to like it. I have a special case for 1 oz. and 2 oz. bottles filled with mixtures that I think I will need on the road. In the spring I need "cough drops," "chill tonics," etc.; just now is the season of green apples, summer complaints, etc. A few typical cases will illustrate how convenient are these ready made prescriptions. As I am driving along the road, a lady observes me from her window, and walking down to the gate leading a little child, signals me to stop.

"Doctor, I think Jennie has the itch; please look at her." I find the diagnosis correct. I have a tin box with this legend upon the label: ℞ Sulphur 15 parts, soda bicarb. 5 parts, ol. bergamot 1 part.—M. I give the lady nearly a dram of this powder, with instructions to mix it with a tablespoonful of lard, anoint the hands well with it, wearing a pair of old kid gloves at night. This spring I have used more than half a pound of this mixture.

Again, I observe a lady standing at the front gate at a farm house, apparently desiring to speak to me. "Doctor," she says, looking around to see if any one is near. "Mary washed all day yesterday, when she ought not to. Got her feet wet, took cold and *everything has stopped on her.*" If I am well acquainted with the parties, and have confidence in the mother's judgment, I accept her diagnosis, and sending one of the children for a glass, I take from my case a bottle whose label reads: ℞ Gelsem. semp. ext. fl. 1 part, macrotys rac. ext. fl., dioscor. vil. ext. fl. āā 2 parts, and give her nearly an ounce, telling her to fill the glass with catnip or chamomile tea, and give a teaspoonful every hour till the girl is easier, then at longer intervals; also, a pill of aloes and myrrh. In the spring and fall the above is often called for. I have a bottle filled with fl. ext. paracoto-bark, xanthoxylon and capsicum, which I use for diarrheas, etc. One filled with a good chloranodyne, which in this season is often indicated. One with neutralizing cordial, which with lactopeptine is frequently necessary in the summer complaints of children. A good worm mixture, "pink and senna," and as change of season or prevalence of epidemics calls for special preparations, I provide them. Of course, they can be modified at any time. They are exceedingly handy, and people learn to watch for your coming; it saves them a trip to the drug store. I also carry a "dental case" and find frequent calls for it. Finally, I collect one dollar for each call, and I save the largest, brightest one to renew my subscription to THE MEDICAL WORLD.

77

Portia, Ark. F. A. REW, M. D.

What was the Cause of the Sudden Death.

Editor MEDICAL WORLD:

On August 10th I was called to visit Mrs. D——, apparently a robust primipara, aged twenty-six years, who was delivered on July 25th preceeding. There was loss of power over the bladder a few days before, and five days after parturition; also, a gradual rise of temperature, not exceeding one hundred and two degrees any time—commencing the third day after and lasting a week, with temporary suppression of the lochia but not affecting the lacteal secretion, and I had dismissed the case as doing very well a week previous. She had suffered a good deal with abdominal pain and constipation during the latter part of gestation. On my arrival at her residence on the 10th inst., she was complaining of cramp in the stomach and arms, and the fingers of each hand were rigid in tonic spasm. Pulse eighty-eight, temperature ninety-nine-and-a-half, no abdominal tenderness or tympanitis. She described

Digitized by Google

her condition intelligently, being particularly distressed with the cramps. I dissolved ten grains chloral hydrate and one-fourth grain morph. sulph. in a little water; she sat up in the bed, drank it, laid down again, her head rolled to the right side, the eyes up and backward in the orbits, there was a convulsive tremor of the body a few seconds, and she was dead. Her husband told me afterwards that she got along very well after I dismissed her, and had been sitting up in bed, until the evening of the 8th inst. when she had a light chill and fever which subsided in the night; and in the night and morning previous to her death he gave three doses of quinine to keep the chill off the next evening, and she was well enough for him to leave for town on business; but during his absence she was taken with palpitation of the heart and difficulty of breathing, which compelled her to sit up in bed to get her breath, which took her by spells.

What was the cause of death? Was it angina pectoris? and was it connected with the puerperal condition?

The fever I attributed to malaria, as she had shown indications of it before delivery.

Another case, to me unusual, though not as sad: On the 13th inst. I was called to attend the wife of a farmer in her fifth labor. On arrival I found her in bed with a fine boy between her knees, nobody about the place but her four small children, and the nearest neighbor a mile off. I separated the cord, extracted the placenta from the vagina, sat down, washed and dressed the baby, made the mother comfortable, ate dinner cooked by the husband (who came after me), left his wife in his charge and departed.

Saulsbury, Tenn. W. L. GODDARD.

Professional Fees.

Editor MEDICAL WORLD:

I desire to ask the members of the regular profession in different States as to what fees they charge and receive and furnish their own medicines, etc.? 1st, for office consultation and medicine; 2nd, for office consultation without medicine; 3rd, an ordinary visit and medicine; 4th, an uncomplicated confinement case; 5th, forceps delivery, or version, etc.; 6th, reducing fractures or dislocations. I am living in a village of 500 or 600 inhabitants, and have practiced here five years, and find they are not in the habit of paying but 50 cents a visit and medicines, and for office consultation and medicines from 35 to 50 cents. If you examine them and give a prescription for the drug stores they are indignant if you charge anything, as you did not give any medicine, and it seems that for the past thirty or forty years the physicians who have practiced here have taught them that. Medical advice was always *gratis*. You are also expected to ride out of town any distance between one and six miles for $1.00 a visit instead of milage; confinement cases, instrumental or otherwise, from $3.00 to $5.00, including one visit post accouchement. I have attempted to raise the prices, but find it uphill work, especially among the well-to-do class, as they seem to think that the pay is enough. There are two practitioners in the place. There are not usually any extra rates for night work. I desire to hear from the *country* doctors, and desire to know if they don't think this is a paradise for a physician and surgeon. I have not overdrawn the facts, as I can prove them by my books for five years. The credit here is unlimited. You get your pay from one to five years after the work is done, and many times you will not get it if you wait twenty-five years.

ELTON J. PALMER, M. D.

New Paltz, Ulster county, N. Y.

Gelsemium and Cimicifuga in Eye Diseases.

Editor MEDICAL WORLD:

I have failed to find mentioned in any of your journals of the great value of the two following remedies in eye troubles.

Gelsemium Sempervirens.

Asthenopia with oscillation of the eyeball.

Amaurosis due to use of tobacco, from masturbation or diphtheria.

Photophobia from exposure to the sun.

Choroiditis with hyperemia of the optic nerve and retina.

Strabismus when recent.

Diplopia from simple paralysis and even when from deeper origin.

Ptosis from partial paralysis.

Cimicifuga Racemosa.

Hyperemia and Hyperesthesia of the conjunctiva, iris and retina due to over use.

Diplopia.

Amaurosis.

Photophobia from asthenopia.

Accommodative, retinal and muscular asthenopia.

This remedy is all the more indicated when the patient is of a rheumatic diathesis.

H. D. CHAMPLIN, A.B., M.D.

Cleveland, Ohio.

For Pruritus Ani and Lupus.

Editor MEDICAL WORLD:

I would recommend to the gentleman who, in your June number, gave a formula for pruritis ani, the following, in case he should be troubled again. He will find relief and at the same

Digitized by Google

time be able to give the strictest attention to the curtain lecture which the thymol disturbs:

℞ Hydrarg. oxid. flav.....gr. vj
Vaseline.....ʒ ij
Adipis benz.....ʒ ij
M. S.—Apply as often as required.

The same, with double the quantity of the hydrarg., is a very effective remedy for granulated eyelids.

A case of lupus erythmatosis which had resisted for two years all treatment, internal and external, was cured in three months by the following:

℞ Syr. ferri iodidi.....ʒ ij
Potass. iodidi.....gr. xvj
Tinct. iodi. .....ɱ xxxij
M. S.—A teaspoonful to be taken in water twice a day at ten A. M. and four P. M.,—at the same time the following ointment was used.

℞ Hydrarg. oxid. flav.....gr. vj
Acid carbolici.....gr. xv
Liq. carbonis. deterg.....ɱ xx
Vaselini.....ʒij
Adip. benz., q. s. *ad*.....ʒ j
M. S.—To be used several times a day.

Rochester, N. Y. J. M. N.

Replies.

Editor MEDICAL WORLD:

I want to thank "Medicus" for every word said under "Medical Students and Medical Professors." The fault of the medical profession being in the crowded condition that it is to-day, is to be found in the fact that too many doctors encourage young men to study medicine, when they know that they will not succeed, even if they do graduate. "The fittest survives" in medicine, as in every other calling. Another mistake made by the profession is telling a patient what he is taking. I believe it is better for the sick person not to know what you are giving him. I rub up all the quinine I administer with pulv. hydrastis, just enough to color it; and then if asked if that is quinine, I reply, "There is quinine in it." The secret of the success made by a great many patent medicine men is in the fact that the patient does not know what is in the bottle. There is a side to humanity that we must take into consideration, or all will not succeed. I know of a man in a city on the Missouri River who is a good and successful operator in surgical cases, and yet will give all patients almost the same "bitters." He is worth thousands of dollars, because he mixes science and mystery in the correct proportions. I don't advocate quackery, but I do say the doctor who tells every patient exactly what he is giving him will soon learn he has made a mistake. I think there are but few ordinary physicians but have time to put up their own medicine, if they are not too lazy or slovenly. The practice of writing prescriptions only puts the doctor in the light of an agent for some drug store. I would say, prepare your own medicines unless the "drug store can be as much benefit to you as you are to it." I say this, after reading the article by Dr. Barker.

Dr. D. U. D., Hickory Plains, Ark., the man who said "Plenty of morphine, and let him die easy," was correct. The one who said "You should have used an enema," evidently dates his pathological ideas B. C. The patient evidently died from internal hemorrhage.

I would say to Dr. Covey, Dufur, Oregon,—his patient is worn out from child-bearing and the care of six children. Let her sleep alone until the *change of life*, regulate her bowels, and give her tonics and *rest, rest, rest*, and she will be all O. K.

H. E. W. BARNES, M. D.
Macksburgh, Iowa.

A Peculiar Neurosis.

ED. MEDICAL WORLD:

I will be grateful if some of the profession will help me by giving their diagnosis and treatment of the following (to me) peculiar case. Would like to hear from Dr. C. O. Maine.

Mrs. W., a fine robust-looking lady of about 40, two children, came to my office recently, asking relief from the following symptoms, from which she has been suffering about ten years; three or four times a week, she is taken suddenly with a feeling of numbness, which usually begins in the left hand, thence spreading rapidly to the face and lower extremities. She does not lose consciousness, but the tongue is so affected that she loses the power of speech. This peculiar numbness passes away in about half an hour, and is followed by a severe headache, from which she recovers usually in about two hours. She is usually free from these attacks through the summer and winter, but they return in the fall and spring. Two years ago she had a severe attack of bilious colic. I would say further, that the bowels are in good condition and menses regular.

Now, if somebody will help me out of my trouble I will be obliged.

Mystic, Conn. A. M. PURDY, M. D.

Dr. George F. Peckham, of Elyria, Ohio, recommends as the result of years of practice, the following powder in the chafing of young children:

℞ Sub-nitrate of bismuth.....ʒj
Pulverized gum acacia.....ʒvij
Mix, and apply dry, after washing the parts with castile soap.

Digitized by Google

Interesting Cases for Diagnosis.

Editor MEDICAL WORLD:

Like many others, I often find myself at wit's end. I have two cases, in regard to which I would like to hear from some of your many readers, and have them help me diagnose and treat.

The first is Mrs. ——, aged about 30 years, the mother of several children. Some time last fall she was delivered (by another physician) at full time, without any abnormalty except retained placenta, and afterwards a protracted case of puerperal fever, which came very near terminating fatally, but finally recovered, after being confined to her bed for a period of two months. Until the time she called on me for treatment she has been in moderate health until the following symptoms manifested themselves: Irregular menstruation, at times scanty and at others very profuse, with no regularity; lower extremities at times very much swollen and in an edematous condition; abdomen apparently distended over region of the uterus; complains of bearing down pains or a dragging sensation in the pelvis; is also troubled with fluor albus; when she takes much exercise she is troubled with shortness of breath and has frequently to stop and rest. As far as external appearances go she appears in good health; have not made any vaginal examination as to condition of uterus; she thought it advisable to wait and see if her troubles would not yield to treatment without it. Put her on tonic of sulph. quiniæ, tr. gentian and columba, three times a day; also vaginal injection, pinus canadensis (white). Fluor albus has somewhat diminished, and in many respects she is slowly improving.

The second case is a young lady, aged 22 years, well developed in every respect. Up to seven or eight months ago she was regular in her menstrual period. At that time, during her menses, she was baptized (by immersion), which caused them to cease. Since that time she has never been regular. Sometimes she will go from six weeks to two months, and then it will be very scanty, with but very little color, scarcely soiling her napkin. At the time they should appear she is troubled with melancholy and slight aberration of mind; complains of pain in her head, also that it is divided, and does not like company; will shut herself up in her room, and refuse to mingle in company. After that disposition passes off she will appear full of life and quite gay, until her next monthly period, and the same condition of things will appear. She has been under the treatment of several other physicians without any apparent relief. Her father informs me that her mother was troubled in the same way, until it finally affected her mind so much that she is now confined in the State Insane Asylum. He is afraid it will follow the same course with his daughter. I have her on the following treatment: Iodia, teaspoonful doses three times a day; aletris cordial, f℥iij, tincture valerian, f℥j. M. S.—Half teaspoonful four times a day; also Fellows' Comp. Syrup Hypophos., teaspoonful at meal times. I would like to hear particularly in regard to this case from the profession, as she is an only daughter and the idol of her father, and all that he has left, now that his wife is in the asylum.

Pineville, Mo. J. E. EDELEN, M. D.

Laceration of Cervix—Reply to Dr. Covey.

Editor MEDICAL WORLD:

To L. M. Coney (see August WORLD, page 314), I would suggest, examine patient with a Sims' speculum, with a view of ascertaining the pathological condition present, and in connection with this examination study carefully Emmett or Thomas on lacerated cervix.

In the light of the advancement of the medical science of to-day no physician is justified in taking charge of a case with a history similar to the one given without first availing himself of all the information possible in the premises. Probably "older" if not "wiser."

Danville, Ind. W. J. HOADLEY, M. D.

Aconite.

Editor MEDICAL WORLD:

I notice in class-room notes (for June) that Prof. Da Costa strongly recommends small doses of aconite for the irritative fever of consumption, claiming for this agent remarkable effects, and says it is but little known to the professsion in general. Now, I will not take a general issue with the learned M. D., but I must seriously object to the indiscriminate use of this powerful remedy in the fever of consumption, in any of its stages, being influenced by a little practical experience. I claim that aconite will not only control but that it completely subdues the irritative fever of consumption; but while doing so it reduces the strength of the patient; and if there is a disease that not only requires but demands a husbanding of the strength, consumption is that one. My experience with aconite in the fever of consumption may be summed up thus: I have used it during the past two years in six cases, and must say (for the good of my medical brethren) that while it conquered the fever, it invariably did so at the sacrifice of the patient's strength. These are *clinical* facts, which are stubborn things. Each of these six cases of consump-

Digitized by Google

tion was relieved of irritative fevers at the sacrifice of time, and I am satisfied was hastened to the "shores beyond."

To prevent a journalistic warfare, I would state that my doses were so small as to savor of the homeopathic, being prescribed thus:

℞ Fld. ex. aconite .....gtt vj
Water an ordinary glassful.
SIG.—A teaspoonful every four hours until free from fever, then cease.

Other physicians may find different effects of aconite in the fever of consumption, but I haven't; and my experience with the remedy has caused me to relegate it to stronger and more active diseases, making it a rule to husband the strength in all diseases of a weakening nature.

THE WORLD is the journal for all physicians desirous of keeping pace with our rapidly advancing profession; it is very much like the moon, always *full* once a month.

G. R. CHITWOOD, M. D.
College Corner, Ohio.

Early Viability of the Fetus.

Editor MEDICAL WORLD:

In 1845, Mrs. A. B. (primipara) suffered, as she thought, during one whole night, with colic. I saw her next morning, when I recognized that she was in labor, which had progressed so far that I made no attempt to arrest it. Within half an hour after my arrival she gave birth to a fetus. It was not more than eight inches long, and was as red as a piece of raw beef. Fine dermoid tissue could not be said to be organized, its general investure being so delicate a membrane, as it were, that the eye could look through it on the tissues beneath. The eyes were still closed; there were no traces of cilea or supercilea; its chest was about two inches broad; the arms and legs were very slender, and the toes and fingers devoid of any traces of nails. The head was about the size of a small orange. The respiration was so feeble as scarcely to be perceptible, and not a sound was uttered after birth. I was almost afraid to handle it, as I could not divest myself of the idea that the slightest pressure of the fingers would thrust them into the soft, red, jelly-like mass before me. When I raised it from the couch and laid it in the length of my left hand, the head lay in the concavity of my flexed fingers, the chest and breech in the palms, and the feet reached almost an inch beyond the wrist. I wrapped it carefully in batting, and carefully attended to maintaining a proper surrounding temperature. It was fed drop by drop with sugar and water every four or five minutes; and later, when the mother could supply it with milk, half a teaspoonful was given every half hour or hour. Within three weeks after birth it had a mild attack of trismus. During treatment I gave it frequent baths in a tumbler. The period of infancy was one of the most stormy I ever saw. Hydrocephalus, cholera infantum, measles and diarrhea are some of the many affections it suffered from during that time, and up to three or four years of age. When last I saw him he was a fine healthy boy of twelve years, and gave promise of a vigorous manhood. I should be pleased to furnish a more accurate account of this case. The importance of the subject demands it, but my note book, carefully preserved during many years of arduous practice, and which I hoped in my declining days to make useful to my brethren through the medium of the press, has, like my library and every vestige of household furniture, passed from my possession under the ruthless hand of destructive war.

WM. KENNEDY, M. D.
New Orleans, La.

Trigeminal Neuralgia (?).

Editor MEDICAL WORLD:

In the last issue of MEDICAL WORLD, Dr. McCann inquires as to "the best and most approved treatment for trigeminal neuralgia." He then proceeds to state the following facts and symptoms, viz: the patient, who is a lady about 40 years old, married at 26; no children; been in delicate health all her life; is anemic, and suffers from nervous depression; suffers intense pain every month at the approach of the catamenial period, and so suffered before marriage; pain always commences in the top of the head, is piercing and lancinating, and invariably settles in the left eye and temple; has been a dyspeptic for many years, appetite good but cannot indulge it as an overloaded stomach will in every instance produce a violent attack of neuralgia. The above are the symtoms for which treatment is desired. To Dr. McCann's case, allow me for the sake of comparison, to add one that I have had under treatment for three years. The patient, Mrs. C—, age 63; anemic and suffers from nervous depression. Inherits a neuropathic constitution, was a very nervous child, subject to dyspepsia, gastralgia, palpitation, etc; menstruated at sixteen; suffered with neuralgic dysmenorrhea; married at twenty-four; had two children; birth of first child one year after marriage; suffered with neuralgia and headache during gestation; four days before birth of child was seized with puerperal convulsions, which came on Saturday night and lasted through Sunday, during the greater part of which time she lay in a comatose condition. Child was born Thursday morning. She was confined to bed six months after the birth of her child, from

Digitized by Google

nervous depression and "womb disease." Recovery from convulsions not complete, some cephalic disturbances remaining. Her second child was born four years after the first; previous to and during gestation she suffered from nervous prostration, neuralgia, headache, etc. Change of life occurred at forty-three. From this time cephalic symptoms became more marked. They became more periodical, and of a migrainoid or neuralgic character. These attacks, at first, were far apart, but have increased in frequency and severity.

At present she has an attack every two or three weeks, and sometimes oftener. They usually begin in the afternoon or evening, and last over night. Sometimes between severe attacks, and after a sound night's rest, she will awaken with "great distress" in her head, which passes off when the bowels are moved. During an attack there is a feeling of burning or of heat in the right temporal region (sometimes in the left), and accompanied with severe dull pains, or at times, sharp and lancinating. There is a sensitiveness to light and sound. Appetite lost; there is nausea and vomiting. The attack passes off with a free movement from the bowels, and abundant secretion of pale urine. Hearing affected—sometimes complains of tinnitus aurium. After a severe attack the schneiderian membrane is sometimes affected, giving rise to a mucous discharge tinged with blood; also there is sub-conjunctival ecchymosis. Sometimes there is puffiness under the eyes, and supra-orbital tenderness. The above facts being stated I would, with Dr. McCann, not only "inquire for the best and most approved treatment," but for the diagnosis as well. Are these cases alike? Dr. McCann calls his case "trigeminal neuralgia,"—I call mine migraine. But then the question arises, is there any difference between migrane and supra-orbital neuralgia? Is migraine a form of neuralgia, or is it simply a vaso-motor disturbance of the sympathetic? Is it the same as supra-orbital neuralgia, produced by the same causes and giving rise to the same symptoms; or is it a form of supra-orbital neuralgia, with a functional affection of the sympathetic vaso-motor system superadded? There seems to be such a close relation between supra-orbital neuralgia and migraine that some authorities regard them as the same. Flint states that "Migraine is neuralgic in its character," and that "When the supra-orbital nerve is the seat of the neuralgia, it has been called migraine." This theory does not quite satisfy him, so he adds that "Vaso-motor disturbances (spasm or paralysis of the vessels) may reasonably account for some of the symptoms." "The palor and coolness of the face and head in some cases, and the redness and heat in other cases, sometimes bilateral and sometimes unilateral, afford support to this conjecture." Not only Flint, but Anstie, Albutt, Latham, and many others, regard the vaso-motor theory as *sub-judice*. Du Bois Raymond maintained that migraine is due to a vaso-motor affection,—angiospasm; but Möllendorff maintained that it is due to angioparalysis. For a safe position Eulenberg crawls in between these two, hoping to find the truth there. Hallopean affirms that many distinct affections, which are of different origin and resemble each other only superficially, are classed among the neuralgias. Is migraine one of these distinct affections, which differ even in origin from neuralgia? if so, is it purely an affection of the sympathetic vaso-motor nervous system? If it is not the same as supra-orbital neuralgia, are there any well marked pathognomonic symptoms by which we can differentiate between them? In etiology and symptomatology there seems to exist a very close relationship between them; yet it would appear to me that there must be a pathological difference. In the case just reported, the patient declares that "the fits" produced the migrainoid attacks, and these became more marked at the menopause. Now, Flint, in assuming the vaso-motor theory of migraine, affirms that "It is reasonable to suppose that the vaso-motor influence depends on a toxical agent acting on the sympathetic nerves." In puerperal convulsions there is a "toxical agent" acting upon the nerve centres, giving rise to vaso-motor disturbance, which produces symptoms similar to those in migraine. For example, the vaso-motor affection would (in eclampsia as well as in migraine) account for the dullness, drowsiness, unilateral headache, disturbed vision, vomiting, ringing in the ears, palor and congestion of face, discharge of feces and urine, sub-conjunctival ecchymosis, etc. The above symptoms are common to eclampsia and migraine, hence it is only reasonable to suppose that they have a common pathological factor. Now the question is, did a toxical agent in the blood (during the puerperal convulsion), by irritating the sympathetic ganglia, produce a vaso-motor affection which became permanent, and only required some exciting cause, such as the change of life, to produce a migrainoid attack? Does this appear reasonable? if so, then vaso-motor disturbance plays a prominent part in migraine and eclampsia. If we know little about diagnosis, it seems to me we know less about treatment. As to the "best and most approved treatment," I do not know of any. I have tried about everything, but the attack seems to "get there" just the same. I have been able to modify, but not to prevent an attack—except

Digitized by Google

in younger cases. In Dr. McCann's case the patient is anemic, of a neuropathic temperament, and at each catamenial period, and from over-eating, suffers a neuralgic or migrainoid attack. As far as possible improve the digestion, as the gastric disturbance, leading to irritation of the pneumogastric, precipitates an attack, for "the nucleus of the pneumogastric lies near the nucleus of the 5th, and the sensation is simply transferred." As the patient is anemic she should be well nourished—plenty of food and tonics. Seek out and remove all sources of reflex irritation. Some uterine or ovarian trouble may be present, as the attack always occurs at the catamenial period. In fact, migrainoid attacks are apt to occur at this period, due undoubtedly to nervous depression, uterine or ovarian congestion or irritation. During an attack I have sometimes observed good results from large doses of elixir of guarana, citrate of caffeine, bromide of potassium, tincture of gelsemium, and similar remedies. Prof. Arnold strongly recommends the following:

℞ Tinct. Cannabis Indicæ.....gtt x
Etheris.....gtt xx
M. Sig.—Take at a dose.

But it seems to me that more reliance is to be placed upon removing all sources of irritation, and building up the patient's strength.

J. Bruyere, M. S., M. D.

New Egypt, N. J.

A Remarkable Case of Typhoid Fever.

Editor Medical World:

Horace F., age 15, previously very healthy, was very well developed and muscular, weighing 160 pounds. He began to complain on the 6th of August of slight weariness in his limbs and lack of energy. Had a slight chill on the 7th inst. Took to bed in the afternoon of the 8th. I was sent for on the morning of the 9th, and found his condition as follows: Pain in the left iliac fossa, with slight tenderness in the right iliac fossa. Loss of appetite, nausea with slight vomiting, diarrhea, tongue heavily coated, pulse 100, temp. 102. Saw him on the 10th and he presented the following conditions: Pulse 114, very feeble, temp. 104, Nervous symptoms very marked, answers questions at haphazard, asks incoherent questions, has incontinence of urine and feces, made efforts to get out of bed, etc.

His condition on the morning of the 10th was as follows: Pulse 120, very quick and feeble, scarcely perceptible; nervous symptoms more marked, pulling at the bedclothes and sub-sultus tendinum. Tongue is beginning to get dry in the centre and fissured. It is protruded with apparent hesitation and difficulty. Teeth and lips covered with black sordes, as is seen in a typical case in the second and third weeks. Had an attack of severe epistaxis the previous night.

Saw him on the evening of the same day, when the following conditions were noticed: Pulse 130, temp. 104¾, tongue very dry and fissured, very delirious, talking and moaning constantly.

Had a profuse epistaxis lasting for an hour, which was arrested by applications of ice to the head and nape of neck and insufflations of astringents. Took no nourishment any more. At 11.30 he passed quietly away to an unknown world.

Having had an epidemic of typhoid fever last fall, and during my three years' course of study at the University of Pennsylvania, I have never seen a similar case. The remarkable features of this case were the abruptness of the attack with very slight prodromic symptoms; the marked high fever and pulse in the first week; as also the marked nervous symptoms and the death of the patient on the third day of the disease.

Pennsburg, Pa. Dr. John P. Hillegass.

Obstetrical Experience.

Editor Medical World:

Why use ergot in natural labor? In thirty-five years constant practice I have given it in only extreme cases. I have used injections of tartar emetic into the rectum for rigid os, with happy effect. Thirty years ago, I bled freely for puerperal convulsions; don't do it any more, as it does no good. Don't interfere with natural labor; it is bad practice. I was obliged once, owing to shortness of the cord, and its being twice about the neck, to sever the cord before delivery; the child lived to man's estate.

When called to attend a case of labor, leave your forceps at home, unless requested to bring them; it is a great temptation to use them, when nature will perform her allotted work if left alone. I always prefer to have my patient lie on her back during labor. I never have given chloroform in natural labor. I always apply the bandage myself before leaving the bed-side, then dress the navel.

I was called May 8th, at 5 a. m., to see Mrs. S.; found her having puerperal convulsions, in her eighth month of pregnancy. I gave hypodermic injections of morphine. Convulsions continued throughout the day, and at 8 p. m. I delivered her with forceps. The child lived two days. The mother was able to be about the house in two weeks. I used no chloroform or ergot in this case.

Digitized by Google

I have kept a record of all cases of childbirth in my practice. Had during my first 500 cases: Excessive flooding, 4; cord twisted about neck from one to three times, 6; breech presentations, 10; retained placentæ, 6; twins, 9; child born enveloped in bag of waters, 1; prolapsus of cord, with one or both hands presenting, 7; puerperal convulsions, 6; hourglass contraction, 1; forceps, 7; placentæ previæ, 3. I have turned may times. One patient with puerperal convulsions at 7½ months died; balance recovered.

If there is such a thing known as a remedy for "hot flashes," that are so troublesome to ladies during change of life, please tell me.

W. R. GODFREY.

Michigan City, Ind.

Vomiting at Will.

Editor MEDICAL WORLD:

I will relate a curiosity in my office to-day; a Swede 25 years old, having the power to vomit at will. Drank one gallon in one minute, threw it up in a continual stream; can do so spasmodically if he choose. He drank again, then stood back to one side of the room and cast a stream against the wall of the other side, a distance of fourteen feet. He seems to have power to produce contraction of the stomach by acting on the abdominal walls, and arrest it at will. He will stand and throw up in a stream or turn his head and eject large mouthfuls. He says he can swallow coin, but has to act on it at once as it passes beyond his reach. Says it in nowise affects his health. He can swallow one-and-a-half gallons by measure. Says he was at a fair last fall. A man with ice-water in a tub, was selling all one could drink for five cents. He drank a gallon, then unobserved threw it up, continued to do so till he had drank one-half a tub of it, when he was compelled to desist.

Newman, Ill. C. RUTHERFORD.

Precocious Passion.

Editor MEDICAL WORLD:

I send the following report as one of the strange things that a physician meets with in a country practice:

Patient, age 10, female, has shown an excessive desire for the opposite sex since she was six years old. She has tried all sorts of ways to satisfy her passions by using her finger, clothespin, etc. Not being able to get relief, she a short time ago tore from the bed-quilt a strip of cloth, and with this ligated a portion of the erected clitoris. I was called to see the patient the next night. Found the part ligated very tender and painful, and in a short time longer, I thought, it would be ready to come off. Hot fomentations and an opiate kept her quiet till the part separated, about two days later. The effect of the operation I will give the next time I write. W. E. MCCHESNEY, M. D.

Barkers, N. Y.

A Case of Syphilitic Fissure of the Rectum.

Editor MEDICAL WORLD:

A short time ago Mr. K. consulted me about a painful affection of the rectum. He gave the following history: Eighteen months ago he had a sore on his penis. Following this sore the glands in the groin became enlarged and indurated. In about two months after the sore on the penis healed, an eruption made its appearance. At the time he consulted me he referred his trouble to the rectum. Pain was the prominent symptom. In fact, this was the only one spoken of by the patient. The pain came on about ten minutes after defecation and lasted from one to two hours. The commencement of this pain dated back about two months. There was a slight discharge. After administering an injection of warm water to clean out the lower bowel, I made a careful examination and found a well defined fissure located posteriorly. The rectum was otherwise healthy, no hemorrhoids or polypi. I put him on a course of bichloride of mercury and iodide of potass. and kept his bowels gently active by a pill composed of the following:

℞ Ext. nucis. vomicæ.....grs. v.
Ext. belladonnæ.....grs. iij
Aq. ext. aloes.....grs. iv
Podophyllini.....grs. v
Ext. gentianæ.....q. s.
M. ft. pil no xx.
S. One pill each morning before breakfast if required.

I attempted to have his bowels act at bedtime instead of in the morning, but in this I was only partially successful. I think this failure was due to the patient's neglect to carry out the treatment to accomplish this end.

I prescribed the following ointment to be applied three times a day with an ointment introducer:

℞ Hydrarg. sub-chloridi.....grs. iv
Pulv. opii.....grs. ij
Ext. belladonnæ.....grs. ij
Ungt. sambuci.....℥ j
M. et ft. ung.

Allingham reports many cures effected by this ointment alone. The fissure healed in two weeks, although his general syphilitic condition is not much improved. This patient has been a beer drinker and confirmed smoker for years.

Digitized by Google

I succeeded in stopping the use of beer, but he still continues to smoke, though in more moderation. This case responded to general treatment much more readily than I had expected. Although fissures of *recent* origin may often be cured without operation, yet I think it very important for the surgeon to seek diligently for the cause of the fissure. If the patient prove to be syphilitic we can cure most such cases by constitutional and local treatment without an operation. But if the case be non-syphilitic, a cure cannot be confidently expected from other than surgical interference, except in the *very* young.

Being aware that fissures often heal and soon return, I shall watch this case and note the permanency or failure of the cure, still continuing the constitutional treatment.

W. WAUGH MCCLEARY, M.D.
1208 Chestnut Street, Philadelphia, Pa.

Tænia Sagenata.

Editor MEDICAL WORLD:

A young merchant who had been under the treatment of several physicians during the past three years for phthisis, bronchitis, etc., applied to me a short time ago for treatment. After getting his history, from symptoms prevalent I diagnosed it a case of tænia. Prescribed for him a large dose of sulphate of magnesia to be followed next morning by

℞ Pulv. kameela.....ʒss
Pulv. hyoscyamus.....gr. xx
M. et fiat chart. ij.
SIG.—One every three hours.

He took the powders as directed and at 2 o'clock brought into my office a fine specimen of the tænia parasite 195 inches in length or a little over 16 feet. It was one-half inch in the widest place and $\frac{1}{16}$ of an inch in diameter. The above remedy acted admirably in this case and might be worthy of trial by others of the profession who are unsuccessful with other remedies recommended. The parasite was dead when expelled, and of a saffron color, owing to the action of the drugs.

A. L. SAYLOR, M. D.
Lexington, Oregon.

Bunions.

Editor MEDICAL WORLD:

In the July number of THE WORLD, Dr. Jeckles asks for advice about treatment for a bad case of bunion. He can remove the bunion completely in ten minutes by any one of several methods, but Volkman's method is the one which I prefer as a rule. Through the simple longitudinal incision, the enlarged bursa, or the hypertrophied fibrous structures, or the exostosed head of the metatarsal bone can be reached and a new joint made. If care is taken not to injure the cartilage of the exposed phalanx, good free movement will remain at the joint—unless ankylosis had previously existed; and in the latter case a fairly good range of motion can be secured. There is no necessity for waiting for inflammation to subside before operating upon a bunion, unless a dangerous septic infection be in progress at the time. The patient need not take ether, as cocaine employed according to Corning's method will be satisfactory as an anesthetic. The work must of course be done according to some scientific antiseptic method—otherwise primary union would not be obtaind as a rule, and suppuration at the wound would make trouble at the joint when the bone is cut.

ROBERT T. MORRIS, M. D.
133 W. 34 St., New York City.

Two Cases of Orchitis.

Editor MEDICAL WORLD:

Having had lately two cases of acute orchitis, the treatment, I think, will be somewhat interesting to the readers of THE WORLD.

Case I.—Mr. D., married, robust, well built, and well nourished, contracted a true gonorrhea "from a water-closet," while away from his wife, and in the country. I found the left testicle very tender, inflamed and swollen. The pain was most intense and unbearable. He had high fever, which varied from 101° to 104° F.

I prescribed sulphate of morphia pill $\frac{1}{8}$ gr. every hour, besides which I gave him the following:

℞ Acid. salicyl.....
Sod. bicarb.....āā....ʒij
Tinct. colchi.....fʒjss
Syr. aurant.....fʒjss
Aq.....q. s. ad....fʒvj
M. S.—One tablespoonful every four hours.

Besides he applied hot poultices, which relieved him so much that in a few days he was able to sit up.

But, through some cause or other, his symptoms increased, and the testicle began to swell until it was the size of two large fists. I increased the dose of morphia, and as the above seemed to lose their effects, I prescribed Milton's External Lotion, which is:

℞ Liq. ammon. acet.....fʒj
Spir. eth.....fʒjss
Aq. camph.....fʒiijss
M. S.—To be applied continuously.

And in a short while all symptoms disappeared.

Case 2.—Mr. E., married, accuses his wife of giving him his gonorrhea, which was very slight. I prescribed:

Digitized by Google

℞ Sod. bicarb.....gr. xxx
Listerine.....f℥j
Aq.,.....q. s. ad....f℥vj
M. S.—Inject four times a day.

Also,

℞ Ol. cubebs.....
Ol. santal.....
Bal. copaiba.....āā....℥j
Spir. eth. nit.....f℥iv
Ol. cassia.....gtt. xv
Syr. gum acac.....q. s. ad....f℥vj
M. S.—One tablespoonful three times a day.

And in a few days the gonorrhea disappeared, and in its place there came an acute orchitis. Now was the injection the cause, or was it the gonorrhea? Authors differ greatly on this point, the pro's and con's as to injections being the cause are innumerable. I myself am in doubt about it, as I have treated many cases of gonorrhea, and this is the first that came from my treatment.

This was a more severe case than No. 1. The pain radiated up the spermatic cord to the back, down the leg, and the leg became quite stiff, so that for four or five days he was unable to move. The pulse was 120, temperature from 102° to 104° F. Altogether this was the worst case that ever came under my charge. I followed the same treatment as in No. 1, but to no avail.. Through consultation I tried ice bags (I may say before I go any further that the right testicle was affected), applied to the scrotum and groin, which had a charming effect, so that in a few hours he was much relieved. It was some days before he was able to get out of bed and use his right leg.

The following ointment was applied twenty-four hours after ice bags:

℞ Ext. conium.....
Ext. bellad.....āā....℥j
Ung. hydrarg.....q. s., ad.....℥j
M. S.—To be applied morning and evening.

It was all of two weeks before he was able to go to work on account of the stiffness in his leg.

I am about to give for trial "catnip tea" to a married lady, who has been troubled for some years with monthly sick headaches. She has seven children. Some three years ago she called on a physician, who advised her to become pregnant as a sure and certain cure. But as she did so and still retains her headache, the doctor was mistaken. Have any of the readers of THE WORLD prescribed or ever heard of the same kind of treatment? Please let me know through THE WORLD something worth trying. DR. M. N.

San Francisco, Cal.

The New Way of Making Doctors.

Editor MEDICAL WORLD:

I have just read with interest an article in the last number of your valuable journal from "Medicus," and think the doctor knows whereof he speaks. It is too true that the country is flooded with cheap doctors, and that the colleges are grinding them out annually by the thousand. But we have a new idea here in Mississippi as to the making of doctors. It is not necessary to "work the Professor;" in fact medical colleges are expensive things and entirely unnecessary. All that is necessary here is to petition the legislature. It will pass a bill for his relief and make him a "full bloomed doctor" in the twinkling of an eye. Previous education, knowledge of medicine, or moral character are unnecessary; it is only required that the "petitioner" should be able to ride a horse and carry a pair of pill bags. At a recent meeting of the legislature quite a swarm of these statutory doctors were turned loose upon the women and children of the State. The great mass of these so-called doctors have no qualifications whatever to entitle them to be doctors of medicine, many of them never having seen a medical college and having been rejected previously by the "Board of Censors" upon their examinations as unsatisfactory. We expect a new supply next winter when the legislature convenes. Our colleges cannot turn out doctors half fast enough, it seems. One of these statutory doctors, made by legislative enactment "a veritable pillar of the state," lives in this county—in fact, in an adjoining neighborhood from me. He was recently called to see a neighbor of his suffering with remittent fever. He diagnosed the case kidney disease; treated him for such for three weeks. The case assumed the continued type, or typhoid condition (so-called typho-malarial), and the patient becoming weary made complaint to the doctor that his treatment was doing him no good. "Well," says the doctor, "I will tell you; you have a bad case of kidney disease; there is but one chance left for you and that is to cut out your kidneys." The doctor was discharged, other aid called, and the patient recovered. He treats cholera infantum with heroic doses of calomel and laudanum, poured indiscriminately into whisky and given *ad libitum*. In these cases, when the discharges from the bowels assume a greenish color, he says it is the gangrene, and that he can cure them if he can only get the d—d gangrene off of their stomachs. Unfortunately he fails to get it off, for I have never heard of a case recovering under his treatment.

Mississippi. TOXIC.

Digitized by Google

Powdered Beef.

Editor MEDICAL WORLD:

On page 224 July number, you tell Medic how to make powdered beef. Allow me to quote from "Diseases of Stomach and Intestines;" Dujarden-Beaumetz, Wood's Library, 1886, pages 38 and 39. "I cannot here enter into a description of the industrial processes instituted for the fabrication of these powders. I shall only remark that one may readily prepare at home a meal powdered which has not perhaps the fineness of that found in commerce, but which is often well accepted by the patient. The process consists in taking boiled beef, hashing it as finely as possible, freeing it of fatty matter, then placing it over a sea-water bath of boiling water and when once the meat is well dried, pulverizing it in a coffee mill which has its grinder well tightened."

The reason sea-water is used for the bath is, it will admit of a higher temperature than plain water. A saturated solution of salt would do as well. When the beef is boiled it should be put in boiling water, this will coagulate all the albumen on the outer side of the beef and prevents any of it from being dissolved out by the water; this method is, I think, a little better than the one suggested by you.

Have recently been getting ahead of the sick stomach from morphine by the persistent use of 10 drop doses of a five per cent. solution of cocaine.

Can any one tell me why bile gets into the stomach, and how to stop it. The sick stomach due to presence of small quantities of bile is the meanest thing I ever tackled.

Kinston, N. C. H. O. HYATT.

Lizards Again.

Editor MEDICAL WORLD:

An article appears in the July number in regard to a case claimed by the patient and his family to be caused by a lizard in the stomach. The reporter is dubious and apprehensive of ridicule if so admitting; saying, it seems the proper thing for the profession to laugh at such assertions, and asks proof from some one of the reality of such a case. The possibility of such a one is also questioned editorially. I send you a report of a case in the *Toledo Blade*, which presents all the facts required for indubitable proof of the existence of such cases. A young man I obtained the paper from says his mother was afflicted from the same cause, with the usual symptoms attributed several years. She accidentally found that something containing alcohol would relieve the symptoms for a time, supposed from stupefying effects on the reptile. I have heard of several similar, seemingly well authenticated. If such cases occur, and with such symptoms and consequences as that in the report accompanying, it is a serious matter. Such accidents, too, are liable to happen frequently; and who knows but sometimes obscure cases found impossible to diagnose or treat successfully may be attributed to such a cause? Altogether, it is of importance to understand about such cases, and how to treat them. It is not creditable to the profession that it has not yet definitely done so at this late day. Let us suspend theories and use the inductive method. True science wants facts and it often gets them, and is not ashamed to, from the common people. It need not fear ridicule. Let us have more contributions of facts on the subject.

Victoria, Mo. A. G. DICKERHOFF, M. D.

A Chart of Skin Diseases arranged by Drs. Louis Lewis and C. F. Taylor, is the most useful and complete chart that I have ever seen. All skin diseases are conveniently arranged for easy reference, and their latest treatment, both constitutional and local, can be seen at a glance. No consulting room should be without this most excellent chart.

J. M. WATERS,
Brigade Surgeon, (British Army.)
London, Eng., June 29th, 1887.

Electro-Therapeutical Department.

Conducted by CARL SEILER, M.D., 1346 Spruce Street, Philadelphia. Cases, questions or views upon electricity in medicine are invited.

It is a well known fact in electrical science that if a current of electricity flows through a wire, a noticeable current will be developed in another wire in close proximity to the first one, but not in electrical contact with it, when the primary current is interrupted. And also that this secondary, induced or Faradic current (this last name was given in honor to the English Scientist, Faraday) travels in one direction when the primary circuit is broken, and in an opposite direction when it is closed, so that there will be a to and fro current, or alternating current established in the secondary wire at the *moment* of the break and make in the primary circuit. As long as the primary circuit is not interrupted, no current is perceived in the secondary wire. It follows logically that this secondary current has no polarity, because it is a to and fro current, and that it therefore cannot exert any of the chemical and dynamical influences which we notice in the galvanic current.

Electric Batteries.

The foregoing articles in this department of THE WORLD were intended to introduce the readers to the practical application of electricity as a therapeutic agent by discussing the

Digitized by Google

general laws of this force with as much detail as the space allotted to them permitted, but we feel that many points of interest had to be omitted, and many others were only hastily touched upon. Yet, enough has been said, we trust, to stimulate those who take an interest in this matter to go for further information to special works on the subject. Thus, we will now leave the realm of theory, and come to the practical, the every-day wants of the physisician.

We are frequenfly asked by our friends who wish to use electricity in medicine, "What is the best battery for me to get, and what will it cost?" or, "What is the matter with my battery? it will not work;" and many other questions equally difficult to answer. We will, therefore, now try to give such practical hints regarding batteries that our readers will be able to answer these and other questions themselves to their own satisfaction.

The term "*battery*," in common usage, is applied to two different kinds of apparatus indiscriminately, viz.: the galvanic battery and the Faradic, or induction apparatus; and it will be well, for the sake of clearness, to make a distinction between them, for, as has already been pointed out, their action is entirely different

Galvanic Batteries.

A *galvanic* battery is a collection of what are termed cells, combined so as to give forth a current of electricity which is capable of exerting a chemical decomposing action. The cell in its simplest form consists of a vessel filled with a fluid capable of exerting a chemical or corroding action upon one of two plates of dissimilar metals or substances immersed in it. These plates are called elements. Thus (as has already been described), if we immerse a plate of copper and a plate of zinc in a vessel filled with dilute sulphuric acid (1 part of the commercial acid to 10 parts of water by weight), the acid will act upon the zinc, forming sulphate of zinc and giving off hydrogen, but at the same time this chemical action will generate a current of electricity, if the copper plate is connected with the zinc plate by means of a metallic conductor outside of the vessel. This current flows from the copper plate, the positive pole, through the conductor to the zinc or negative pole, and through the fluid back to the copper. If the zinc is chemically pure the acid does not act upon it until metallic connection between it and the copper is established, or as it is termed, until the circuit is closed; but if the zinc is impure the action takes place at once and rapidly consumes the zinc, changing it into a sulphate.

The impurities in the zinc consist mostly of iron and arsenic, and by the juxtaposition of the molecules of these and the zinc, minute batteries are formed which cause what is termed "local action," and thereby over-action of the acid upon the zinc even when the two elements are not in metallic contact. On account of the great cost it is not feasible to use chemically pure zinc for battery purposes, and therefore we cover the surface of the zinc with a coating of metallic mercury, which prevents local action by covering the impurities, and this is termed amalgamating the zinc, which is easily done in the following manner: immerse the zinc plate as it comes from the rolling mill cut to the proper size in dilute sulphuric acid (1–10) for a few minutes so as to obtain a clean surface. Then lay it on an ordinary china dinner-plate and pour a few drops of metallic mercury upon its upper surface and rub the mercury into the zinc with a rag until the whole surface shines like polished silver; then turn the plate over and repeat the same process on the other surface, giving the edge of the plate also a coating of mercury by rubbing the rag over it. The connection of the conducting wire should be made to the zinc plate before amalgamating, as the metal becomes so brittle by the action of the mercury that it cannot be drilled or will not hold solder.

In order to complete the circuit the current generated in the cell must pass from the zinc to the copper plate through the liquid, and in doing so it decomposes the water into its gaseous elements, oxygen and hydrogen, with more or less energy according to its strength. These gases adhere in the form of minute bubbles, according to their electrical affinity to the plates, the hydrogen to the copper plate and the oxygen to the zinc plate (where it is used in the formation of the sulphate), until by accumulation the copper becomes coated with a non-conducting film of hydrogen, when all electrical action stops. This condition is termed "polarization" of the cell or battery. It will thus be seen that the current is strongest when the plates are first immersed in the fluid, and becomes gradually weaker and weaker as the gases accumulate.

To prevent its polarization and thus obtain an even current for a long period has been a desideratum for many years, but the problem has not as yet been entirely solved. Thus Smee substituted a corrugated plate of silver covered with granulated platinum for the copper plate, because he thus hoped to facilitate the escape of the oxygen and retain the conductivity of the positive plate, while Grove endeavored to solve the problem in a chemical way by constructing the so-called two liquid cells. He

Digitized by Google

reasoned that if he could place the positive plate in contact with a liquid which would eagerly combine with the hydrogen to form a new compound, he would get rid of the difficulty and so make the cell give off an even current for a longer time. He therefore suspended a positive plate of platinum in a cup of unglazed earthenware, called a porus cup, filled with nitric acid, and placed this into a vessel filled with dilute sulphuric acid, surrounding the porous cup with a cylinder of amalgamated zinc. The nitric acid readily took up the hydrogen as it formed on the platinum and the result was a powerful current for a considerable time. The expense of the platinum however was considerable, and the smooth surface, in spite of the action of the nitric acid, allowed an accumulation of the gaseous film, and therefore Bunsen substituted gas-carbon for the platinum with excellent results. He found that on account of its porosity and roughness of surface the bubbles of gas could not easily form a film, and thus polarization was greatly diminished; besides, carbon was found to be an excellent conductor, and like platinum, not attacked by the acid; at the same time its cost is below that of any other positive plate, and for these reasons it is now almost universally used in constructing batteries. On account of the inconvenience arising from the necessity of frequent cleaning of the battery (for the two acids become mixed after a time by percolating through the porous cup), and from the nitrous acid fumes arising from the porous cup, electricians returned to the single fluid battery and followed the path indicated by Grove, viz.: the prevention of polarization by chemical means. The first step was the so-called gravity cell, in which a plate of copper is laid at the bottom of the vessel, while a piece of zinc not amalgamated is suspended near the top, while the exciting fluid is a solution of sulphate of copper. So soon as the circuit is closed the solution acts on the zinc, forming sulphate of zinc in solution, which being lighter than the sulphate of copper solution, floats on the top as long as the circuit is closed and the vessel left undisturbed. Thus in reality a two fluid battery is formed without the intervention of a porous cup. If, however, the circut is opened, or if the battery is short circuited, which by reducing the external resistance makes the current too strong, the two fluids mix again and local action is set up. This form of battery has been found to be the best and most economical for telegraphic purposes and is almost exclusively used for this purpose.

For open circuit batteries, that is, such as are used only occasionally, and in which the circuit is broken when not in use, carbon for the positive plate and zinc for the negative plate were employed, while polarization was diminished by adding a strong solution of bichromate of potash to the dilute sulphuric acid, because the chromic acid has a great affinity for hydrogen and thus prevented the accumulation of the gas on the carbon plate. This form of cell, of which the so-called Grenet cell is a type, is now largely employed when a strong current for a comparatively short time is needed, and most of the medical galvanic batteries are constructed on this principle. A great inconvenience, however, connected with the use of the bichromate of potash in the battery fluid is the formation of a ruby red crystal of chrome alum, which is insoluble in cold water or acid solution, and which adheres firmly to the carbon plate and the vessel, so that it becomes often difficult to remove the hard masses without breaking either. By covering the surface of the positive plate it makes the latter a bad conductor, and thus deteriorates the battery materially. This salt may be dissolved by immersing the carbon plates in boiling water for some time, a process which is frequently very difficult, especially when we have to deal with large batteries of many cells, and therefore it is better to prevent the formation of the chrome alum in the cells. This may be done by using chromic acid instead of bichromate of potash. The writer published several years ago a formula for extemporaneously making a crude chromic acid for this purpose which is as follows:

Dissolve two pounds of powdered bichromate of potash in one-half gallon of hot water, and add to this solution gradually one-half gallon of commercial sulphuric acid, and allow the mixture to cool. Then place some asbestos fibre in the tube of a large glass funnel, and pour the thick fluid on it. Let it stand until all the liquid, which is a solution of sulphate of potash slightly colored by chromic acid, has run through, and dissolve the mass remaining in the funnel in the same quantity of dilute sulphuric acid which would be required according to the formula for two pounds of bichromate of potash.

Within the last year or two several manufacturers have placed crude chromic acid for battery purposes in the market, so that it can now be bought for very little money, and thus the trouble of making it is saved.

It should be remembered, however, that the amount of chromic acid to be used in any given formula for battery solution which calls for bichromate of potash is sixty per cent. of the latter. The chromic acid has also this advantage, that by its use in the battery fluid the electro-motive force (voltage) is increased, and the internal resistance is lessened (increase c

Digitized by Google

ampére power); and that the fluid retains its action for a much longer period, so that it need not be renewed nearly as often as if bichromate of potash be used.

Another form of open circuit battery which is largely used for electric bells, telephones, electric gas lighting, and also, of late, for medical application of electricity, and of which the Leclanché cell is a type, is also a single fluid battery. In this, polarization is diminished by surrounding the carbon plate with a mixture of granulated carbon and black oxide of manganese ether in a porous cup, which is sealed up, or by compressing the mixture into blocks called prisms, which are loosely pressed against the carbon plate by means of rubber bands. As an exciting fluid, a saturated solution of chloride of ammonium is used, and the zinc is in the shape of a rod about three-eighths of an inch in thickness. This form of cell has the great advantage that it needs very little attention, and lasts a long time, without the necessity of renewing anything but the water as it evaporates. Instead of using the manganese, chloride of mercury has lately been introduced, as the depolarizing agent, with advantage, as this so-called chlorine cell gives a stronger current, and is not as easily polarized as the Leclanché cell.

Questions.

Editor MEDICAL WORLD:

I am much interested in your articles upon the measurement of electrical currents, and I wish to ask a few questions. Why do not your correspondents who give cases cured by electrical treatment specify *how* it is done? or do they and M. D.'s in general suppose that it matters not where and how the electrodes are placed, or which direction the current is run in any case, whether the positive or negative pole is used to remove inflammatory conditions? If they do believe it to be a matter of importance, then why not designate which is used when writing of cases? Does it make any difference whether the current is run with or against the nerves (that is to say upor down on a limb)? Also will you be so kind as to clearly give us practically the effect of electrolysis of fluids in the system.

Rochester, N. Y. J. H. MCCARTNEY.

1st. The electro-therapeutical department of THE WORLD has been instituted for the very purpose of engendering a more definite and correct knowledge of the therapeutical value of electricity, and to eliminate the many inaccuracies and errors which still exist in the minds of many physicians as to the nature and curative powers of the electrical current. The very articles on measurements of the electrical current were written with the object of teaching our correspondents and others to accurately designate the modus operandi in their descriptions of cases, and we must have a little patience if they do not at once grasp the grea timportance of accuracy, but continue to give us vague and indefinite accounts of how they used electricity and how much of it.

2d. In the September number of THE WORLD you will find the principles of electrolysis described in a few words; perhaps not with as much detail as you might wish, because we expect to refer to this subject at a future time. However, for your special benefit, we will give you a few hints which may be valuable. By electrolysis we understand the decomposition of fluid or semi-fluid compounds into their chemical constituents, by means of the chemical action of an electrical current. This chemical action is, however, found only in the direct current from a battery or dynamo machine, and not in the induced or Faradic current, because the latter is a to and fro current; that is, the current changes its direction every time the primary current, which produces the secondary or induced current, is interrupted. The chemical constituents of the compound to be decomposed are either electro-negative, when they will accumulate at the positive pole, or they are electro-positive, when they will gather at the negative pole. If a compound is composed of say only two gases, as is the case with water, which is composed of hydrogen and oxygen, the process of electrolysis is a very simple one, inasmuch as these gases collect respectively at the poles for which they have an electrical affinity; that is, the electro-negative gas at the positive pole and the electro-positive at the negative pole of the circuit. But when the compound is composed of many different elements, as is the case with animal or vegetable tissues, then the process is much more complicated, and we probably have a general decomposition into the different elements, which again combine to form new compounds, which latter are in turn decomposed, until we have a collection of electro-positive elements or compounds at the negative pole, and a similar collection of electro-negative elements or compounds at the positive pole of the circuit. These collections of elements not being able to reform the original compound after the withdrawal of the electrical influence, are absorbed and carried off by the lymphatic circulation, and thus a reduction and destruction of the morbid growth is accomplished. In some cases where the growth is deep-seated, it is necessary to introduce the poles of the circuit by means of needles into the tissue itself, while in other cases it is only necessary to place the poles on the surface in such a manner that the current traverses the tissue to be removed.—C.S.

Digitized by Google

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Editor MEDICAL WORLD:

Where can the best mineral water in America for the cure of chronic rheumatism be found?

Scotland, Dak. DR. N. VAN GOLESH.

Katalysine water, Gettysburg, Pa.

Editor MEDICAL WORLD:

If you have a good recipe for making the syrup of the iodide of starch, please give it in THE WORLD.

What is "Todd's" potion, mentioned on page 170 of last month's MEDICAL WORLD, in Paris hospital therapeutics?

Woodbury, Conn. G. H. ATTWOOD.

Treatment is asked for

"Flux" or dysentery, by J. B. Hudson, M. D., Bethel Springs, Tenn.

Treatment and prognosis of simple chronic pharangitis.

Formulæ are asked for

White's Cream Vermifuge.

Dr. J. H. McLean's Vulcanic Oil Liniment.

Dr. W. B. Hair & Sons' "Asthma Cure," Cincinnati, O.

Felex Gourand's "Oriental Cream," for the complexion.

Prof. J. D. Wilson's "World's Wonder."

Mrs. Winslow's Soothing Syrup.

Lavarre's "Sure Cure for Neuralgia, Rheumatism," etc., of Mayville, Ky.

L. A. Knight's "Asthma Cure," of Cincinnati, O.

Cure Wanted for Urticaria.

Editor MEDICAL WORLD:

Will you or some of the readers of THE WORLD give me the treatment that will cure a case of chronic urticaria. I have a case that recurs once a year, lasting three or four months each year. Subject, a man over 70 years of age; resists all treatment, both local and constitutional heretofore adopted.

Graysport, Miss. L. M. MAYS, M. D.

For Fetid Feet—Query.

Editors MEDICAL WORLD:

Can some of your many intelligent readers tell me what will stop the incessant sweating and fetor of the feet? It goes on in winter and summer.

I also desire to know what is good for "fidgets?" The patient has sometimes to jump out of bed; the spells also occur while sitting still; in the feet and legs, sometimes in the back. The attacks occur principally in women.

Barry, Mo. ROBERT REDDISH, M.D.

What Was It?

Editor MEDICAL WORLD:

Not long since I had a patient with axillary abscess, who, on account of severe pain in it, desired me to put something on to abate the pain, saying that some years ago, when similarly afflicted, he went to a doctor, who put on something which made the pain subside immediately. Can you enlighten me what this *something* was? LOUIS A. SCHROEDER, M. D.

Kieler, Wis.

Editor MEDICAL WORLD:

Please give me the latest and most satisfactory treatment for post nasal catarrh. Please inform me whether or not there is any better work on the subject than Carl Seiler's Handbook of Diagnosis. A. P. IRVINE, M. D.

Peace Valley, Mo.

It is impossible to give in a few lines a description of the latest and most satisfactory treatment for post nasal catarrh, because at the present stage of knowledge the term post nasal catarrh is too comprehensive a one to warrant an expression of opinion as to the best treatment. We would advise you to carefully study the pathological conditions present in your cases, and treat them according to the rules laid down in the books on the subject. Carl Seiler's book, second edition, is as good as any, and on account of its small size preferable to the larger works on the subject.

T. H. Weathersby, M. D., of Knoxville, Miss., in an interesting letter very wisely classifies the universe into four worlds—Hell, Earth, Heaven, and THE MEDICAL WORLD. He also considers medicine as second only to theology in rank among the learned professions, quoting from Prof. Sam. E. Woody's Medical Chemistry: "Next to the physician of the soul comes the physician of the body; for it is into the hands of the doctor that the new-born babe is first received into the world, and on his arm does he lean all through infancy, childhood, youth, and manhood; and in old age, when the golden clouds rest invitingly upon the golden mountains, and the lights of heaven stream through the gathering mists of death, he still leans upon that arm till his feet touch the chilly waters of that rolling tide that separates the island of Time from the mainland of Eternity."

The Doctor requests, from some experienced physician, full remarks on the treatment of uterine neuralgia, both in the pregnant and non-pregnant state.

Digitized by Google

FORMULÆ.

Iron and Salicylic Acid.

The following combinations of iron with salicylic acid I have found useful:

No. 1. For Rheumatism.

℞ Water,.....3 oz.
Bi carb. soda,.....80 grs.
Acid salicylic,.....160 "
Liq. ammon. citrate,.....1½ oz.
Muriated tinct. iron,..... 160 m
Glycerine,.....2 oz.
Elix. orange.....6 drs.
Water,.....q. s. ad 8 oz.

Mix and shake well. Dose.—A teaspoonful every three or four hours.

With this mixture can be added either tincture of colchicum, digitalis, or aconite, in proper doses, with great advantage.

No. 2. A Special Tonic.

℞ Liq. ammon. citrat.,.....1½ oz.
Soda salicylate,.....80 grs.
Citrate of Iron,.....80 "
Glycerine,.....2 oz.
Elix. orange,.....6 drs.
Water,.....q. s. ad 8 oz.

Mix and shake well. Dose.—A tablespoonful every three or four hours.

No. 3. A Good Tonic.

℞ Basham's mixture, U. S. Disp.,.....4 oz.
Sodii salicylatis,..... .....1 dr.
Citric acid,.....10 grs.

Mix and shake well. Dose.—A teaspoonful every three or four hours.

(After the salicylate of soda is mixed well with Basham's mixture, add the citric acid.)

No. 4. A General Tonic.

℞ Aquæ,.....5 oz.
Sodii bicarb.,.....60 grs.
Ammon. carb.,.....40 "
Acid salicylic,.....160 "
Glycerine,.....1 oz.
Elix. orange,.....6 drs.
Cit. of iron and quinine,.....40 grs.
Citric acid.....10 grs.

Dose.—From a dessert to a tablespoonful every three or four hours.

Mix the soda, ammonia, water, and salicylic acid together in a graduated eight ounce glass measure, stirring well with a spatula until well dissolved. Mix the citrate of iron and quinine in a half ounce of water, and when dissolved add it slowly, constantly stirring, until all is mixed; then add water to make eight ounces, and finally drop in the citric acid.

Basham's mixture, as ordered by the U. S. Dispensory, should be made with glycerine instead of simple syrup. It soon spoils when made with syrup, but when glycerine is substituted, it keeps pure a much longer time.

Mixture No. 4, of all other mixtures of salicylic acid and iron, is free from the properties which produce headache and sick stomach; and is an admirable general tonic, and can be taken a long time without producing any of the physiological effects of salicylic acid.

I have used this formula in painful menstruation, and in cases of neuralgic pains about the ovaries and uterus of nervous, delicate, and hysterical females, with great satisfaction. In combination with eight or ten grain doses of iodide of potassium, it has proved in my hands, an admirable alterative and tonic in secondary syphilis, attended by a debilitated condition of the general system. It combines well with chlorate of potash, hyphophosphate of sodium and hypophosphate of calcium. A drachm of fluid extract of cimcifuga, and from three to five drops of Fowler's solution added to each dose, I have found to act well in cases of chorea.

These formulæ were originated by me after great trouble. They all form reddish-brown or wine-colored solutions, and they will mix with Fowler's solution, iodide of potassium, either of the bromides, and with any of the vegetable bitter tonics, either the tinctures or the fluid extracts. The doses can be made greater or less, and given at longer or shorter intervals, to meet the indications for which they may be prescribed. These mixtures should be carefully made in an eight ounce graduated glass measure, and the one most conveniently made is that of the union of salicylate of soda and citric acid with Basham's mixture.—J. B. JOHNSON, M. D., in *The Medical and Surgical Reporter*.

Treatment of Sciatica.

Metcalf, of New York, says that no prescription for sciatica has ever equalled in efficacy the following:

℞ Tinct. aconit. rad.
Tinct. colchic. sem.
Tinct. belladonna.....āā.....3 j
M. S.—Dose, 6 drops every six hours.

He also uses triturate tablets, each containing three drops of the following: Tincture of aconite root, tincture of actea racemosa, equal parts by volume. Dose, 1 every four or eight hours.—JOUR. AM. MED. ASSO.

Salicylate of Soda has been found rapidly curative in gonorrheal orchitis.

For Herpes Zoster.

℞ Potassii chloratis.....3 j
Tinct. ferri chlor.....ʒ ss
Aqua.....ʒ ijss
M. S.—Teaspoonful in water every four hours.

For Chronic Eczema.

℞ Unguenti hydrargyri oleatis.
Plumbi carbonatis.
Pulv. marantæ.....āā.....3 j
Naphtholi.....gr. xx
Unguenti zinci oxidi.....ʒ j
Ft. ungt.
M. S.—Apply twice daily.

For Styes.

℞ Acidi boracic.....10 grammes
Aquæ dest.....300 "

Dissolve. With a wetted piece of wadding drop some of this solution on the stye several times a day. It is said not only to effect a cure, but to prevent a return of the annoyance.

Digitized by Google

Cough Mixture.

℞ Wild cherry bark, ...
Senega root, ...āā ℥ 4
Ipecac root, ...℥ 2
Extract conium, ...gr. 15
Water by displacement, to measure f℥ 8

Add,

Gin, ...
Tinct. cardamom comp, ...āā f℥ 1

S. Dose, two spoonfuls in water.

This originated with Prof. Pancoast, and is especially valuable for persons who cannot take opiates without discomfort.

Cholera Morbus.

℞ Acidi carbolici.....℥ iv
Morphia sulphatis.....gr. iss
Aquæ menth. pip.....℥ j
Elix. simp.....℥ j

M. Sig.—Teaspoonful every hour.

Thermic Fever.

℞ Tinct. aconiti rad.....℥ ss
Chlorat hydrat.....℥ xxiv
Aqua.....℥ iss

M. Sig.—Teaspoonful every hour.

Lumbago.

℞ Tinct. capsici.....℥ ss
Collodion.....℥ j

M. Sig.—Apply with a camel's-hair brush over the affected area.

Psoriasis.

℞ Liq. potassii arsenitis.....℥ ij
Syr. aurantii.....℥ iij

M. Sig.—Teaspoonful after meals in water.

Infantile Colic.

℞ Spts. chloroformi.....℥ j
Morpha, i. sulphatis.....gr. j
Vini Portense.....℥ j
Elix. simp.....℥ j

M. Sig.—From ten drops to half teaspoonful, according to age.

Hair Tonic.

℞ Ol. cajeput.....℥ xx
Tinct. nucis vomicæ.....℥ ss
Tinct. capsici.....℥ j
Ol. bergamot.....℥ x
Ol. olivæ.....℥ iv

M. Sig.—Rub a small quantity in the affected area every night.

Spinal Anæmia.

℞ Tinct. nucis vomicæ.....℥ ij
Tinct. belladonnæ.....℥ xxij
Tinct. bardonis seminis.....℥ iiss

M. Sig.—Teaspoonful in water four times a day.

Infantile Eclampsia.

Jules Simon recommends the following in the treatment of infantile eclampsia:

℞ Musk.....gr. iij
Camphor.....gr. xv
Chloral hydrate.....gr. vijss
Yolk of egg.....no. j
Distilled water.....f℥ iv

M. S.—Use as an enema after the intestines have been emptied.

REVIEWS.

SEXUAL IMPOTENCE IN THE MALE AND FEMALE. By Wm. A. Hammond, M. D. 305 pages, cloth, price $3. Geo. S. Davis, Detroit.

The distinguished author starts out in his preface with the statement, which we are compelled to think is derived somewhat from the peculiar views of the specialist: "Probably more unhappiness is caused by sexual impotence than by any other disease that afflicts mankind." In chapter 1st he treats of the "Absence of Sexual Desire," including the well-known absence of desire produced by exclusive pre-occupation of the mind on business or scientific subjects, and desire extinguished by masturbation and perversion of the sexual appetite. As a collection of horrible and disgusting curiosities, the latter part of this chapter is a striking success. In the second chapter we have "Absence of the Power of Erection, &c.," in which, after the subject of excesses, masturbation, &c., are well treated, the exhibition of revolting monstrosities is again taken up. In this statement he makes this startling announcement: "I have seen a great many habitual drunkards, but never one in whose case the investigation was made who was not guilty of masturbation or sexually impotent." Perhaps if this opinion were made generally known it would shame many an inebriate into giving up his bibulous habits, for fear of exciting public suspicion that he was also addicted to the other. In this chapter, under the head of "Treatment," the author takes a bold and manly stand against advising the marriage of a man, worn out by his excesses or secret habits, to a pure and vigorous young woman. Such a sacrifice of the innocent is inexcusable. "It is said that a physician's first duty is to his patient, and this is true so long as he performs it with a decent regard for his obligations to humanity." He gives but little hope of benefit from internal medication, but recommends those measures which build up the system; as, most important, electricity (but only applied with a distinct knowledge of the agent and its action, for which he gives specific directions), then follow massage, occupation, exercise, stimulating baths, &c. His advice is important in warning against what it is useless to use. In the next chapter such physical causes as malformations, mutilations, &c., of the male generative organs are considered. Following is a chapter devoted to "Inability to experience pleasure."

In Section II, sexual impotence in the female is treated, briefly, and under heads corresponding to Section I. The physician will learn something in the way of treatment from this book, and much of abnormal secret habits.

A TREATISE ON DIPHTHERIA, INCLUDING CROUP, TRACHEOTOMY AND INTUBATION. By A. Sanné, of Paris. Translated, annoted, &c., by Henry Z. Gill, A. M., M. D., LL. D. 656 pages, with illustrations. Cloth. J. H. Chambers & Co., St. Louis.

Certainly the extreme difficulties and grave importance of a severe case of stenosis of the larynx, make the conscientious physician feel that he would give all he is worth if he had all the accumulated knowledge and skill of the profession at his command just at that moment. It is one of those moments in which the quick, ready action must have been anticipated by hours of patient study in the library, and careful research and reflection over the dissected cadaver.

The work before us is certainly a voluminous one, but not more so than the subject, well treated, would justify. Dr. Gill, in making a special study of the subject, imported Dr. Sanné's work as soon as it appeared in France, and was so much pleased with it that he determined to

Digitized by Google

translate it for American readers. He introduces the work with the surgical anatomy of the parts affected, drawn chiefly from "Pilcher's Year-Book of Anatomy and Surgery." Beginning with the main work we have an exhaustive and truly interesting pathological anatomy. Then, having thus laid a good foundation, we proceed to a close study of the disease, with full history extending back into antiquity, numerous statistical tables, and various methods of treatment, including tracheotomy and intubation.

The physician and surgeon who is specially interested in this disease will want this book.

THE PRINCIPLES OF ANTISEPTIC METHODS, APPLIED TO OBSTETRIC PRACTICE. By D. Paul Bar, of the Maternity Hospital, Paris. Translated by Henry D. Fry, M. D. 175 pages, cloth, $1.75. P. Blakiston, Sons & Co., Philadelphia.

This is not a treatise on obstetrics, but simply a sensible discussion of the application of antiseptics to the puerperal condition. After discussing the general principles of antiseptics, and taking up the best antiseptic agents, it gives particular directions for the antiseptics of midwifery. The physician may here profit by the efforts of those who have had abundant experience in this department, without the necessity of blundering or experimenting for himself. We are agreeably surprised to find that the author does not advise indiscriminate flooding of the uterus and vagina with antiseptic solutions or other unnecessary meddling with the natural physiological process. He gives directions by which septic influences may be guarded against without such measures, and reserves active procedures for pathological conditions.

TREATMENT OF HEMORRHOIDS BY INJECTIONS OF CARBOLIC ACID AND OTHER SUBSTANCES. By Silas T. Yount, M. D. 63 pages, cloth, $1.00 Echo Music Co., Lafayette, Ind.

A COMPEND OF PHARMACY. By F. E. Stewart, M. D. Ph. G. Second Edition. 184 pages, cloth, $1.00. P. Blakiston, Son & Co., Phila.

The physician frequently wishes to know the manner of performing the various pharmaceutical processes, and the accurate principles of chemical incompatibility. It will pay him to own this book.

PRACTICAL URINE TESTING. A GUIDE TO OFFICE AND BEDSIDE URINE ANALYSIS, FOR PHYSICIANS AND STUDENTS. By Charles Godwin Jennings, M. D. Cloth, 124 pages. D. O. Haynes & Co., Detroit.

This is a handy little volume. What we most admire about it is the excellent classification, which enables one to learn the greatest amount by the least amount of reading. Part first gives the physiology and pathology of the urine, in three chapters. Part second contains chapters on qualitative analysis, quantitive analysis, microscopical examination, analysis of calculi, and one on apparatus and re-agents, in which Dr. Jenning's pocket test case of apparatus is described. We believe this book will make urinalysis more popular with the profession.

SURGERY; ITS THEORY AND PRACTICE. By W. J. Walsham, F. R. C. S. 655 pages, 236 illustrations. Cloth, $3; leather, $3.50. Uniform with series of "Students Manuals." P. Blakiston Son & Co, 1012 Walnut St., Philadelphia.

It is learned, from the preface, that this work is primarily designed for the use of students during the term of lectures.

This is only the author's modest claim for a work which will prove interesting and instructive as well to the surgeon whose limited experience requires him to refresh his memory by frequent references. The author is master of a concise diction, which enables him to say in the fewest words what is necessary to be said. The first section very ably discusses the principles of the Pathology of Surgical Diseases, and in the second section the Pathology of Surgical Injuries is taken up in the same way. Then follow the usual course of particular diseases, injuries, operations, etc. Those who have students under their charge would do well especially to require a study of this work previous to the more extended course. It will be found exceedingly clear and easily read.

INSANITY; ITS CLASSIFICATION, DIAGNOSIS AND TREATMENT. A manual for students and practitioners of medicine. By E. C. Spitzka, M. D. 423 pages, cloth, $2.75. E. B. Treat, 771 Broadway, N. Y.

The subject of insanity is of importance to the general physician from the frequent necessity of being able to diagnose it in its incipiency, as well as from the desire to make a creditable showing when called upon for testimony. This is a very closely written work, giving a systematic classification of the various forms and grades of insanity, complete directions for examining an insane person, an accurate Differential Diagnosis of Insanity, directions for detecting simulation, and some general principles of treatment. Under the head of Etiology the author takes occasion to differ from some of the long-accepted classical theories, and to consider certain observed facts as coincidences rather than causes. This is the second volume of Treat's Medical Classics. It will be found very interesting.

RESEARCHES IN ELECTRO-ALOTROPIC PHYSIOLOGY; USES OF DIFFERENT QUALITIES OF ELECTRICITY TO CURE DISEASE. By Jerome Kidder, M. D. Book of 111 pages, sent free upon application. Address (sending copy of this notice, or mentioning this journal), Jerome Kidder Mf'g Co., 820 Broadway, N. Y.

This little book contains many useful principles, chiefly the work of that able enthusiast in electricity, Dr. Jerome Kidder. In addition are many articles culled from the vast field of periodical medical literature, giving specific directions for the application of this remarkable curative agent. We have read the work carefully, and advise every reader to send for it.

Manual of Treatment.

In general plan and arrangement this work is entirely unique. Their are plenty of works upon therapeutics and collections of formulæ, but this one takes up the treatment of diseases in a more comprehensive manner than the mere quotation of a few prescriptions, while at the same time, as it is a work on treatment, it says nothing about the action of drugs apart from the particular disease under consideration. It is indeed just as if a work in general medicine had been taken and the sections referring to treatment cut out and put together in the form of a book, only instead of taking the treatment from a single work on medicine, the authors have combined together the views upon treatment of all the leading writers.

The diseases are arranged alphabetically, making reference easy. Indeed, this is the main object of the book, to enable the practitioner to find by one reference the views of all the highest authorites upon the treatment of any particular disease. And this object has been well accomplished.—*Northwestern Lancet.*

Digitized by Google

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.
These rates must be paid *invariably in advance.*

Notice is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

☞ Pay no money to agents for this journal unless publisher's receipt is given.

C. F. TAYLOR, M. D.,
LOUIS LEWIS, M. D., M. R. C. S., (Eng.) } EDITORS.
J. J. TAYLOR, M. D.,

ADDRESS ALL COMMUNICATIONS TO
"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. V NOVEMBER, 1887. No. 11.

PURSUANT to our plan of holding, in an informal way, a monthly medical society, with the editors as chairman, secretary, and treasurer, the contributors as speakers, and the quiet readers as audience and critics, we will now proceed to take up diseases of the respiratory apparatus, as this class of diseases will preponderate in your practice during the ensuing months.

The old family physician, bless his kindly heart, has accumulated a valuable store of experience in these cases. It would be unfortunate that his wisdom should die with him.

The rapid progress in discovering the pathology of these diseases is constantly suggesting new therapeutic measures. Apropos to this subject, we should like to learn the conclusions of those who have observed closely, as to whether they derive any benefit in infiammatory diseases of the lungs from the remedies classed in the Materia Medica as expectorants. Can you certainly say that they ever succeed in abbreviating the course of these diseases? Of course, it is the routine treatment. But the subject was ably discussed in a recent contemporary, in which the writer declared his belief that the patients recovered in spite of such treatment, and not because of it; that those cases treated with supporting medication alone recovered sooner and more certainly.

When the regular course and self-limiting character of these diseases is considered, with, also, the tortuous route of medication to reach them, it becomes a serious question as to just how far the physician ought to try to interfere by medicines put into the digestive tract. But he really can do much by strengthening the out-posts and fortifying the system in its efforts at restoration. We should like to see the subject of treatment thoroughly discussed.

What do you know about local medication by inhalation?

What do you know about external applications, whether of poultices, sinapisms, blisters, liniments, cotton or raw wool jackets, etc.?

How do you *manage* your cases; as to rest, diet, etc.?

Give brief experience, and clear and distinct indications.

Our standard works on Practice should be the basis of our reading on the subject. The value of early and accurate diagnosis cannot be overestimated. This should be an important element in our discussions of the subject.

* * * * * *

Just as we go to press, we learn from Messrs. Parke, Davis & Co., that "stenocarpine," or "gleditshia" (see article on page 397, this issue), is a fraud. Upon analysis, the fluid thus far experimented with under that name proves to be a six per cent. solution of cocaine, and the sulphate of a salt which is likely to prove to be sulphate of atropia. It is also found that the leaves of *Gleditschia triacanthos* contain only an infinitesmal percentage of an amorphous alkaloid devoid of anesthetic or mydriatic powers. The fraudulent fluid was obtained through a prominent wholesale drug firm of New York.

Digitized by Google

INDEX OF DISEASES.

In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease are given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number, 1886.—L. L.]

Inflammation.

℞ Tinct. aconiti.....mx xvj
Aq. dest.....f℥ ij
M. S.—One teaspoonful every fifteen minutes for two hours, then every hour; in catarrh, tonsillitis, paratitis, acute sore throat, pneumonia, pleurisy, pericarditis, etc.; in erysipelas, acute rheumatism, gonorrhea, otitis, and in the specific fevers

℞ Antimonii tartratis.....gr. j
Aq. dest.....f℥ viij
M. S.—One teaspoonful every hour in specific fevers, pneumonia, orchitis, bronchitis, puerperal peritonitis, pleuritis, tonsillitis, typhoid and typhus, onychia, etc.

Ol. morrhuæ, one teaspoonful four or five times daily, in chronic inflammation of the heart, lungs or kidneys, and scrofulous inflammation of the eyes, nose and bones.

℞ Tinct. digitalis.....f℥ vj
Aq. dest., ad.....f℥ vj
M. S.—One-sixth part, cautiously, at outset of acute inflammation, and in typhoid fever.

Tinct. digitalis ℥j, or a teaspoonful of the leaves, to a half a pint of boiling water as a fomentation, in inflammation of joints, or breast, and in erysipelas.

Poultices of flaxseed or mustard, stupes of turpentine, hot fomentations, etc., in abscesses, carbuncles, inflamed lymphatics, pneumonia, pleurisy, pericarditis, peritonitis, bronchitis, broncho-pneumonia, acute rheumatism, sciatica, lumbago, pleurodynia, etc.

Subcutaneous morphine injections.

Ice-bag, or ether spray, in orchitis, inflamed hemorrhoids, ovaritis, metritis, erysipelas, chronic rheumatism, lumbago, sciaticas.
Ice to suck in tonsillitis, diphtheria, scarlitinal sore throat, gastritis, etc.

Linimentum iodi., painted in the neighborhood of local inflammations, as bubo, abscess, carbuncle, etc.

Hydrarg. perchloridi, gr. $\frac{1}{16}$, twice daily, in iritis, and other deep seated inflammations of eye.

℞ Ammonii chloridi.....℥ ij
Sp. rect.....f℥ ss
Aq. ad.....f℥ vj
M. S.—As a lotion, in inflammatory swelling of muscles, joints and glands, and in orchitis and hydrocele of children, milk engorgements, etc.

℞ Liq. ammoniæ acetatis.....f℥vj
Sp. etheris nit.....f℥iss
Aq. camph., ad.....f℥viij
M. S.—One-sixth part three times a day, in acute pyrexia, and inflammatory conditions generally.

Solution of acetate of lead to external inflamed surfaces, and combined with opium in erysipelas.

Tinct. iodi. mx v, thrice daily in water in chronic inflammatory enlargement of liver, spleen, breasts or testes, with simultaneous applications locally.

℞ Tinct. belladonnæ.....
Tinct. aconite.....āā mx xvj
Aq.....f℥ ij
M. S.—One teaspoonful every hour in inflammatory sore-throat, tonsilitis, scarlet fever, etc.

Influenza.

Tincture of cubebs, one drachm, in linseed tea, one pint, as a drink.

Sponging with hot water.

℞ Tinct. acteæ racemosæ.....mx lxxx
Vin. ipecac.....mx xvj
Aq. camph.....f℥ ij
M. S.—One teaspoonful every hour.

℞ Quiniæ sulphat.....gr. xij
Morph. sulphat.....gr. ss
M.—At the onset of an attack.

℞ Ext. ipecac. fl.....f℥ ij
Tinct. opii deodor.....f℥ ss
Tinct. aconiti.....f℥ j
M. S.—Five or six drops every two hours.

℞ Pulv. ipecacuan.....gr. j
Sp. Mindererus.....f℥ ss
M.—Every three hours.

℞ Potass. bromidi.....℥v
Syr. Scillæ co.....f℥iss
Syr. ipecac.....f℥ss
Tinct. opii comp.....f℥ij
M. S.—A teaspoonful in as much water thrice daily.

Insufflation of "Ferrier's Snuff."

Cocaine solution (2 per cent.) locally and by spray to nose and throat.

℞ Rubini's tinct. camphoræ.....f℥ss
Tinct. aconiti.....mxviij
Aq. dest.....f℥ij
M. S.—One teaspoonful every half hour.

Atropiæ, gr. $\frac{1}{120}$, every four hours for three doses.

Tinct. belladonnæ, mx xv, in water every hour or two.

Camphor inhalations

The Current Medical Thought.

Prof. Gross's Tribute to Wife and Mother.

Of his mother he says: "She was a most pure and exemplary Christian, full of faith in the promises of the Redeemer. To her training I am indebted under Providence for the moral part of my character. Her early advice and admonition, prompted by a heart that never knew any guile or deceit, served to guide me through the thorny paths of boyhood and youth free from the vices that so easily beset us at those tender periods of existence. It was she who taught me to revere religion, to love my neighbor, and to respect the laws."

Of his wife he says: "I married the woman of my choice when she and I were young. We lived most happily together for forty-seven

Digitized by Google

years and a half. My secrets were hers, and hers mine. She knew my business as well as I. We did nothing of importanc without consulting each other. I never did a good days work or received a good fee without informing her of the fact. During my most arduous struggles for support and reputation I was conscious of my wife's love, esteem, and tender sympathy."

With such a mother, and such a wife, we have other reasons for his pre-eminent success in his chosen career. His views of mothers and marriages, given in connection with the descriptions of his own mother and wife, are singularly beautiful and far-reaching.

Specific for Scarlet Fever and Diphtheria.

Illingworth claims that biniodide of mercury is a specific for scarlet fever and diphtheria. Given in scarlet fever, he says, defervescence sets in immediately upon the administration of the medicine, instead of upon the fifth day, and no desquamation ensues. Its specific character in diphtheria is shown by the rapid disappearance of the membranous deposit and by the reduction of temperature. The efficacy of the medicine depends upon the diffusible potassic iodide carrying the germicide biniodide to every portion of the circulation.—*British Medical Journal.*

Salicylate of Sodium in Headache.

The *London Practitioner* says:

The action of drugs in megrim and gout is remarkably similar. Trousseau and others have used colchicum with benefit in megrim, and other observers have remarked on the similar curative effects that certain purgatives, as calomel, have in both gout and megrim; and, again, others have used iod. pot. with considerable success; but the great value of salicylate of sodium in some of these headaches is more remarkable still; it seems to me to be most certainly curative and not merely palliative, as it removes the concomitant gastro-intestinal troubles along with the headache. Thus a dose of brom. pot. and sp. ammon. aromat. will sometimes remove a slight headache, but it will probably return; with salicylate treatment it is quite a different matter; the headache is gone once and for all, and shows no sign of return for a considerable period. Its action in this respect is very similar to that of calomel, and, like calomel, it seems to free the secretions of the mouth, and, at the same time, slightly relaxes the bowels.

The dose of salicylate, as recommended by Dr. Brunton, is two to three grains every quarter or half hour, for three or four doses or more, and begun when the headache first comes on; this is sufficient.

Beer Yeast in Infectious Diseases.

The experiments with beer yeast made by Dr. Herr, the attending physician of the Penal institution at Ratiber, as communicated by him to the *Deutsche Med. Zeitung*, may be of considerable interest. The following were the conclusions arrived at:

1. Yeast is probably a powerful remedy for zymotic diseases, and in scorbutis and purpura, undoubtedly so.

2. In several cases of well advanced tuberculosis I have seen it overcome high febrile conditions, followed by a well-established arrest of the solidifying of the lung tissues, which had progressed several months.

3. The exhibition of yeast is very easy; doses up to two litres per day were given without the slightest bad results.

4. The remedy is readily taken by the patient and replaces the use of milk.

5. By its easy assimilation it becomes a nutrient.

Dr. Heer suggests the administration of beer yeast in diphtheria, and hopes for the best results from its use. As beer yeast can be obtained at any lager beer brewery, it would seem as if our physicians should give this new remedy a thorough trial.—*N. Y. Med. Times.*

Contributions to Journals.

Any intelligent man who practices medicine for a decade or score of years acquires an experience of no small value to himself, and which can be made almost equally serviceable to his fellows if he only has the skill and the will to make it so. The large number of medical journals in the country do not leave him the excuse that he has no opportunity to communicate his knowledge to the world; and, in our opinion, he neglects a duty, unless he seeks to avail himself of this opportunity.

Let us not be understood as urging all doctors to rush into print with heavy essays, and ponderous articles; still less with lengthy and tedious reports of cases. But those facts and views, especially of diagnosis and treatment, to which they themselves attach great importance, can and ought to be common property. Short, pointed, and *practical* articles, that is applicable and instructive for daily practice, are what we want. Results rather than methods, truths rather than suppositions, facts rather than theories, are what we ask from our contributors.

Then, again, let such articles be carefully prepared, both in point of chirography, and accuracy of description. Too often we receive communications with an accompanying note, asking us to correct any errors, that they have

Digitized by Google

been written in great haste, that the authors had no time to copy them, and are in doubt as to some point of anatomy or physiology mentioned. Is it a wonder that we feel inclined to consign such a contribution to oblivion forthwith? Is this the proper care to show in writing for the scientific press? If an author cannot spare the time to write an article properly, he had better wait till he can.

Another important rule is to avoid fine writing. The simplest language is always the best and the most beautiful. Technicalities are always appropriate when they express the meaning better than ordinary words, and not otherwise.—*Massachusetts Medical Journal.*

Strophanthus.

Strophanthus is a pure cardiac tonic, with no stimulating properties. The action continues uniform; it neither accumulates nor loses its effect by prolonged administration. It increases the muscular impulses of the heart alone, and rouses the action of the kidneys. It is very beneficial in weak heart accompanied by anemia. The tincture is preferred, the strength being one in twenty; and the dose ranges from four to twelve minims. It is advisable to drop the dose into the mixture or draught at each administration.

Antipyrine, Hypodermically, instead of Morphine.

Prof. Seé advises hypodermic injections of antipyrine (7½ grains dissolved in water) in painful conditions, as a substitute for morphine. He says:

"The subcutaneous injection, which is made just as in the case of a morphine injection, produces, after a painful sensation of tension, which lasts a few moments, a considerable remission of pain, whatever may be its cause. On comparing the effects with those of morphine, it is easy to note that antipyrine, given in hypodermic injections, does not present any of the disadvantages almost constantly produced with the former, such as vertigo or vomiting, neither does it throw the patient into a state of somnolency, nor produce that artificial excitation which eventually leads to morphinomania. Lastly, and this is most important, it adds to its sedative action a curative effect which is not possessed in any case by morphine."

He mentions its use particularly in acute rheumatism, neuralgia, hepatic and renal colic, angina pectoris, etc.

It is asserted that malarial fever frequently yields to grain doses of permanganate of potash administered three times a day.

Picked up at the Congress.

In the worst cases of diabetes mellitus, the inside of the mouth is of an intensely red color.

"Cheyne-Stokes" respiration is usually associated with albuminuria.

Iodoform, iodol, terebene, and creasote are the favorite drugs of to-day, in the treatment of phthisis.

The contagious nature of tuberculosis is now generally considered established; the injection of bacillary sputa produces tuberculosis, while non-bacillary sputa does not.

Iodol in half-drachm doses daily is stated to achieve wonders in the treatment of secondary and especially tertiary syphilis.

It is suggested that malaria is not due to the addition of poisonous matter to the air, but rather to the devitalization of the air by the removal of some of its oxygen, which is relegated to the work of decomposition and combustion.

Fibre is the highest morphological expression of living matter and is seen in every tissue.

"Humanized milk" is the best nutriment for weakly or dyspetic infants and children.

Quinine, salicylates and tincture of eucalyptus are expensive means of combatting malaria. Arsenic is as a rule equally effective, more permanent in its action, and is much less costly. It also at the same time improves nutrition.

Cholera infantum affects the Northern and Eastern States of the Union more than elsewhere.

In children under three and a half years of age, intubation of the larynx is preferable to tracheotomy; after that, and under five years, tracheotomy is to be advised.

Early signs of diabetes are, white spots on the under-linen from saccharine urinary deposit, rheumatic pains, ataxoid gait, hyperesthesia and night pains.

The human skin is preferable to that of animals for physilogical and pathological experiments in dermatology.

Manganese oxide gives excellent results in the treatment of membranous dysmenorrhea and functional amenorrhea, but is contra-indicated when the condition is due to some general or organic disease.

Steam at a temperature of 220° Fahrenheit applied for ten minutes, or of 145° applied for two hours, is the only reliable and positive germicide, no known micro-organisms being able to exist in its presence.

Digitized by Google

Remedy for Neuralgia.

Dr. John T. Metcalf, a well-known physician of New York, writes to the *Boston Medical and Surgical Journal*, that the following formula was learned by him from one of his patients whom he sent to Cuba with the hope that a change of climate would afford relief from sciatica. A French physician, who there attended him, used this remedy with the best results, and Dr. Metcalf has tried it so often with success, that he speaks of its value with great confidence: Equal parts of the tinctures of aconite root, colchicum seeds, belladonna, and actea racemosa. Six drops to be taken every six hours till relief is felt. The doctor says, that "as an internal remedy it is worth all others put together of which I have knowledge."

Stenocarpine, the New Substitute for Cocaine.

A short time since Dr. Seward described an alkaloid he had discovered which had properties very similar to cocaine. He accidentally found it in the leaves of a tree growing in Louisiana, called the "Tear Blanket Tree." Dr. Knapp obtained some of this alkaloid from Dr. Seward and experimented with it sufficiently to reach the following results: In general it has the same properties as cocaine, differing mainly in that it has greater powers as a mydriatic.

Hence in all cases in which the iris is inflamed stenocarpine is to be preferred to cocaine. When there is a tendency to glaucoma in cases of iritis it is to be preferred to atropine. If we desire anæsthesia without mydriasis it is inferior to cocaine. Hence cocaine is better in most operative procedures. The paralysis of accommodation by stenocarpine only lasts half as long as atropine, but longer than hæmotropine. Hence for ophthalmoscopic examinations hæmotropine is preferable.

It has no more effect upon the unbroken cutis than has cocaine. Small doses injected under the skin produce the same toxic effects as cocaine. Large doses produce alarming general symptoms; violent tetanoid convulsions, opisthotonos, dilatation of the pupils, excessive acceleration of the pulse and respiration and prostration.

Introduced into the veins stenocarpine produces almost instant death by arrest of respiration and pulsation. It is dangerous to inject even small quantities into any vascular tissues.

The symptoms of poisoning are similar to those of strychnia. It would seem then that the use of this alkaloid was confined to the treatment in cases in which the iris was, especially if there was a tendency to glaucoma. Perhaps farther observation will determine farther ends that it will attain better than other remedies.—*American Lancet.*

Salivation.

BY L. LEWIS, M. D.

The secretion of saliva is probably common to all animals excepting fishes and the cetaceæ. That obtained from the mouth, as secreted by the parotid and adjacent glands, is a viscous alkaline fluid, consisting of a mixture of saliva and mucus; and contains, amongst other matters, chlorate of potash and sulpho-cyanide of potassium, which latter gives a rusty red color when treated with a peroxide of iron solution. Salivary secretion is normally excited by mastication and movements of the tongue, and by unusual nervous stimulus; otherwise it is at rest. Tobacco smoking and chewing will set it flowing; often the sight of another person eating apples or lemons will act as an objective stimulus; and hydrophobia, apoplexy, parotitis, hysteria, pancreatic disease, facial neuralgia, ovarian derangement, worms, dentition, stomatitis, and pregnancy, are exciting causes. (During pregnancy, salivation has been known to occur so profusely and persistently as to suggest the induction of premature labor). Thus salivation is a reflex process, dependent on undue stimulus of the salivary nervous centre, or some abnormal peripheral irritation, or a combination of both these causes. Infants are prone to it, apart from dentition; and it is not infrequent in old age and especially in lunatics. When it occurs in adults, without apparent cause, the constant escape of saliva from the angles of the mouth—though not representing absolute salivation—is suggestive of impending serous apoplexy, facial paralysis, general paralysis of the insane, or glosso-pharyngeal palsy.

Salivation from the use of certain drugs is due to an irritation or inflammation of the lining mucous membrane of the mouth. Mercury has the most potent action in this direction; pilocarpine, iodine, and gold produce it in a minor degree; and pellitory, mastic, mezereum, copper, digitalis, and prussic acid, increase the quantity of saliva more or less, but to no great extent. The prolonged administration of mercury, especially in combination with an astringent, is invariably followed by salivation; even a single small dose may occasion it in susceptible people; and it may arise days after the administration of the drug. In bad cases the tongue becomes terribly swollen, even protruding, and impeding speech and deglutition; the gums tumefy and ulcerate, and sometimes the cheeks; teeth loosen and fall out; the neighboring glands painfully enlarge; sometimes the gums slough and alveolar processes become carious. Metallic taste and characteristic fetor of the breath distinguish

Digitized by Google

mercurial from other salivation, especially at the commencement.

With respect to the treatment, removal of the cause is the primary consideration. Local washes of alum, tannin, chlorate of potash, borax, iodine (the tincture in solution); and the internal employment of belladonna, atrophine, iodide of potassium, constitute the main remedies (possibly sulphate of calcium might be of service). Atropine is notably useful, either internally or sub-cutaneously; about one forty-third of a grain for a dose.

The Remedies I Use in Practice.

For Bronchitis.—There is no combination from which I derive so much satisfaction in the treatment of ordinary "colds" as ℞. Ammonii chloridi, ʒ j; tinct. opii camphoratæ, f ʒ ss; syrupi scillæ comp., f ʒ jss. M. Sig. Teaspoonful every two or three hours, as the cough may require. If there be some fever, I add a suitable quantity of tincture of aconite.

For Pharyngitis.—As a "gargle," I derive most benefit, in acute inflammation of the pharynx, from: ℞. Potassii chloridi, ʒ j; aquæ destillat., f ʒ iij; ft. solut. et adde: tinct. ferri chloridi, f ʒ ij. M. Sig. Use as a gargle four or five times daily. Sometimes, if the inflammation be severe and accompanied by constitutional distrbances, I prescribe internally tincture of phytolacca decandra, with the happiest results.

For Lumbago.—For the relief of lumbago, I order a belladonna plaster over the neuralgic parts, and internally a mixture of: ℞. Extracti cimicifugæ, f ʒ iij; codeinæ sulphatis, gr. x; syrupi acaciæ, f ʒ ss; aquæ, q. s. ut fit, f ʒ iij. M. Sig. One teaspoonful every three hours until relieved. When the pain is not severe it is best to leave the sulphate or codeine out of the prescription.

For Burns.—There is nothing so beneficial for recent burns as carron oil: ℞. Olei lini sem., aquæ calcis, aaf ʒ ij. M. Sig. Apply to burned surface. Afterwards, if there be much suppuration, sub-iodide of bismuth may be dusted over the parts, making just a very thin film; if this produces much irritation, the subnitrate in conjunction with some mercurial in vaseline may be used. Idoform is worse than useless.

For Conjunctivitis.—In cases of conjunctivitis I have long since discarded any irritating application. Nitrate of silver, sulphate of zinc, acetate of lead, only add fuel to the fire. I write for: ℞. Hydrargyri oxidi flavi, gr. ss; unguent. petrolei, ʒ ss. M. et ft. unguentum exactum. Sig. Apply two or three times a day until relieved.

For Anemia.—As a tonic in anemia there is nothing equal to some preparation of iron. The most eligible mixture containing iron is one I have used for a long time without a single complaint of nausea of other gastric disturbance, consisting of: ℞. Ferri citratis (*solubl.*) ʒ jss; aquæ destillat., f ʒ ij; fiat. solut. et adde: acidi sulphurici aromatic, f ʒ iij; glycerinæ, syrupi simplicis, aa f ʒ j. M. Sig. One teaspoonful one hour after each meal. When the iron is given immediately after meals it unites with the tannic acid of the tea or other articles of diet, forming an insoluble tannate of iron—a pure ink, but not very valuable theraputically.

For Delirium Tremens.—In quieting the delirium of acute alcoholism, I sometimes use chloral hydrate or the bromides, but more often rely upon: ℞. Extracti lupulinæ fluidi, extracti hyoscyami, aa f ʒ ss. M. Sig. One teaspoonful every two or three hours until delirium subsides. Monobromide of camphor acts well to control the persistent insomnia in certain instances.

For Diarrhea.—In controlling obstinate cases of diarrhea there is nothing more efficacious in my hands than the old prescription: ℞. Pulv. opii, camphoræ, plumbi acetatis, aa gr. x. M. et dispens, in. capsul. No. x. Sig. One capsule every two hours until the diarrhea ceases. In some cases large doses of tannic acid may be used or bismuth subnitrate in combination with one or more of these three drugs; but when other remedies have failed this prescription will be found to check the discharges, particularly if there be blood in the fæces.

For Vomiting of Pregnancy.—For this often intractable trouble I generally give: ℞. Acidi carbolici, gtt. ij; bismuthi subnitratis, ʒ j; aquæ menth. pip., f ʒ ij. M. Sig. One teaspoonful as often as necessary to check vomiting. If one dose be ejected, wait a few moments until the nausea subsides and then repeat. Certain cases do well on iced champagne, while others persist until dilatation of the cervix is performed.

For Sleeplessness.—When opium is contraindicated, and there is persistent insomnia, my choice usually is: ℞. Ammonii bromidi, ʒ iij; aquæ q. s. ut ft. sol.: tincturæ hyoscyami, q. s. ad f ʒ ij. M. Sig. One teaspoonful every hour or two until sleep is produced.

For Fetid Sweating.—For the fetid secretion of the axilla of the feet, a solution of salicylic acid is excellent, or this may be used: ℞. Potassii permanganatis, ʒ j; aquæ, Oj. M. Sig. Apply to the parts night and morning.—Dr. P. H. Carson in *Kansas City Medical Index.*

Prognostic Point of Gangrene.

When an old man complains that his femoral artery feels hard, cord-like and rigid, "like a gas-pipe," look out for impending gangrene of the leg or foot.

Internal Treatment of Aneurism.

The first best thing to do with a patient suffering from aneurism is to put him to bed, and, if convenient, keep him there. We thereby lessen his heart's action by at least six beats per minute. Then take an accurate record of his pulse every day at a fixed hour for several days; we thus get his normal pulse-rate when recumbent. Iodide of potassium may now be prescribed in doses of ten grains night and morning, to commence with. Note the pulse-rate again for a few days; if it should remain undisturbed, increase the iodide one-half; if the pulse be raised, reduce the dose again to ten grains, and persevere with it. In two or three months, there will most likely be an improvement, possibly even a cure, if the case has been taken in good time. This treatment lessens the force of the heart and lowers the general blood-pressure, by dilating the arterioles; the aneurism is thus no longer dilated with each pulsation, and the sac walls act like a hollow muscle opposed to an obstacle with which it can succeesfully cope, so becomes gradually hypertrophied, while the sac diminishes in calibre. To produce this hypertrophy, the blood-tension must not be lowered too much; hence it is of the last importance to watch the pulse-rate, as a rise indicates too much depression. During this treatment, which has proved very successful, alcohol must be prohibited; but the patient need not be kept on too low a diet otherwise. Subcutaneous injections of morphine or codeine may be employed for the relief of pain.

Temperature in Fever.

As a proof that surface heat in fever is not due to determination of blood to the skin, Liebermeister instituted the following experiment: he placed a healthy subject in a bath at the exact temperature of the body, for a certain time, and compared the results with the temperature of another bath at the same heat, which was unoccupied. The latter of course lost some heat, whereas the occupied bath remained at the same temperature or anyway lost less heat than the other, in each experiment. Moreover the immersed subject had gained heat. Thus the increased temperature in fever is not explained by mere accumulation, but rather by increased oxidation. The great question is, where does oxidation actully occur?

Salix Nigra in Gleet.

The *Journal of Cutanious and Genito-Urinary Diseases* says that Mr. Fenwick has found that the tincture, administered pretty frequently in 5ɱ doses, is of the utmost value in the treatement of gonorrhea, gleet, etc., the character of the discharge speedily altering, and the burning sensation passing off more rapidly than with any other mode of treatment.

Salol in Sciatica.

Salol is recommended by Dr. Aschenbach (*Medical Record*) on the strength of personal experience, as a remedy of great efficacy in sciatica. He had been suffering from the affection for three weeks, being confined to his bed, and had tried all the usual remedies without experiencing any amelioration, when he was advised to try the effect of salol. He took 7 grains in the evening and 15 grains more at midnight. The result was that he slept soundly that night and woke perfectly free from his trouble in the morning.

Gleditschine.—Will its Claims be Substantiated?

Dr. J. H. Claiborne, in the New York *Medical Record*, Dr. Herman Knapp, in the same journal, and Dr. Edward Jackson, of the Philadelphia *Medical News*, have recently published the results of their experience with the new local anesthetic, improperly called stenocarpine, but which, being derived from *Gleditschia triacanthos*, should be called gleditschine.

If the claims of these writers are substantiated by further experience, we may expect cocaine to yield its supremacy to this new claimant for anæsthetic honors. The results recorded would indicate that gledi tschine possesses greater anesthetic power than cocaine, and mydriatic effects exceeding those of homatropine.

Those who desire to subject this drug to clinical trial should address Parke, Davis & Co., Detroit, Mich., who we learn are investigating its claims at their laboratory, and who offer samples of the fluid extract with a working bulletin descriptive of the drug, to those physicians interested in testing it, and hope soon to be able to supply the alkaloid itself.

One of the chief psychical conditions presented in hysterical derangements is characterized by *loss of control over the will-power*, resulting probably in a great measure from exaltation of the sensory tract, developing exaggerated ideas of peripheral irritation.

Rochester, N. Y. DR. E. B. ANGELL.

Digitized by Google

After Decapitation.

During scientific experiments on a cadaver, decapitated by guillotine in France, the heart was found still beating one hour after decapitation, the ventricles pulsating for twenty minutes only, but the auricles continued for forty minutes longer. Nevertheless, no trace of consciousness remained two seconds after decapitation.

A Useful Ointment.

Hebra's diachlon ointment, consisting of equal parts of emplastrum plumbi and olive oil, is the most useful all-around application we possess in the treatment of skin diseases. Of course, additions can be made to it, to suit the requirements of the case.

Benefits of Massage.

Massage exerts an influence on nutrition not to be denied; the amount of excreted urea being manifestly increased, and probably assimilation of azotised substances is facilitated and augmented. A short massage of the region of the stomach hastens the passage of food from that organ, showing that stomachal digestion is quickened. Diuresis is also in like manner promoted. Through its action on the nervous system, massage renders undoubted service in many forms of neuralgia. The manipulations produce contractions and elongations of the nervous filaments. Absorption of certain effusions, whether sanguineous or inflammatory, is also frequently produced. The contractions of muscles are stimulated by the same process, and the skin is induced to throw off its epidermic debris, the sudorific and sebaceous glands are cleansed at their orifices, and circulation and respiration are consequently regulated.

Sunstroke.

One-hundredth of a grain of nitro-glycerine (in tablet or solution), given every ten minutes, is excellent treatment in attacks of sunstroke. It should be pushed until complete consciousness returns. It is also prophylactic against threatened attacks, and relieves the attendant headache.

Iodides After Mercury—Caution.

Care, or at least caution, should be used in prescribing iodides after calomel. An interval of five or six hours should be allowed to elapse, otherwise a dangerous mercuric compound—the proto-iodide—will be formed in the stomach. This green iodide of mercury is only available medicinally in small doses, and has acumulative action. The same objection probably applies to the bromides.

An Oriental Anesthetic.

We have been advised to try an anesthetic in vogue for many years among the Chinese. It is obtained by placing a frog in a jar of flour and irritating it by prodding it with a needle. It then exudes a liquid which forms a paste of the flour; and this paste, dissolved in water, is said to be anesthetic to such a degree as to render it useful in minor surgical procedures.

In the face of the good anesthetics we already possess, we will decline "toadyism" to our Celestial brethren, and spare the frog needless suffering in the flowery land of paste.

Bleeding at the nose, however severe, may be nearly always checked or arrested by immersing the feet and legs in very hot water.

Salicylate of soda in fifteen grain doses every three or four hours, is stated to have a remarkably curative influence over certain forms of headache, presumably of rheumatic, malarial or neuralgic origin. Salol, in similar or smaller doses, would probably be equally good.

Iodoform has been found useful in combatting the functional disturbances resulting from valvular disease of the heart. Two or three grains may be given thrice daily.

Gonorrheal epididymitis is often signally relieved by extract of belladonna rubbed up in lanoline ointment, applied closely all over the testicle.

Effect of Drugs on the Special Senses.

Quinine has been observed to produce a form of blindness—quinine amblyopia—with contraction of the arteries, in addition to its well-known effect on the sense of hearing. The sight is restored after cessation of the drug's use, though it may be impaired for a while. Coffee occasionally produces a transitory deafness. Podophyllin affects the nerves of taste, deadening their sensation, sometimes absolutely destroying perception of flavor during its use. An East Indian plant—gymnema sylvestra—is stated to have the same properties, especially with respect to the taste of sweet substances. Santonine causes all objects to appear of a greenish color. Tobacco, in excess, causes amblyopia, which is also temporary.

Antidote to Ivy Poisoning.

The plant, grindelia robusta, bruised and applied as a cataplasm, is said to relieve the pain, and cure the affection, in poisoning by the ivy oak. A strong decoction is almost equally efficacious, locally.

Digitized by Google

Important Work of the Liver.

In addition to its work in the production of bile, heat and blood, the liver plays a most important part in the purifying of the latter fluid by eliminating and separating its noxious elements, as ptomaines, leucin, tyrossin, and such parts of the peptones as are destined to become urea and uric acid later on. Thus the nutritious material that has been absorbed by the blood from the intestinal tract is carried to the liver, there cleansed, filtered, and generally over-hauled, and then passed on to the general circulation; while the final and complete removal of the effete and useless debris is accomplished by the kidneys.

Effect of Concussion of the Spine on Vision.

Impairment of vision is a common symptom of inflammatory changes due to concussion of the spine, as well as in inter-cranial mischief generally. An examination of the internal eye will often prove diagnostic of these injuries.

In elderly people, the uvula is apt to get sucked into the larynx, and may then give rise to symptoms erroneously attributed to asthma and phthisis.

Sugar in the Urine of Pregnant Women.

Sugar may be found in the urine of pregnant women during any period of gestation, but when its quantity is considerable, the dangers attendant upon the subsequent labor are much increased, and demand increased vigilance on the part of the medical attendant.

Dr. Abernethy was once consulted by a gentleman laboring under intense mental anxiety, almost bordering on insanity. On questioning him, he found that his malady was induced by close study, and advised him to abandon everything and seek repose, and especially to take frequent opportunities of seeing and hearing the famous Grimaldi, a noted clown and player who was convulsing London with his jokes and antics. To his surprise the patient exclaimed: "Alas, Doctor, I am Grimaldi!"

Vesical Tumors.

Tumors of the bladder are almost invariably accompanied by bloody urine, sooner or later in their progress towards ulceration. An exception to this is sometimes found in mucous polypi, as these are little vascular. The amount of blood is very variable, sometimes only just tinging the urine or depositing a light colored sediment; at other times forming a perfect stream, or presenting itself in large clots. Vesical tumors, other than the polypoid variety, are comparatively rare.

Returning Phimosis and Paraphimosis.

In urgent cases of phimosis, a blunt-pointed tenotomy knife may be passed flat between the glans and the prepuce, then turning the edge towards the latter, may be made to freely incise the mucous membrane. If this be done in two or three places, the foreskin can then be readily returned.

The reduction of paraphimosis is facilitated by the application of ether spray to the glans. It not only renders it less susceptible to the pain of returning it, but materially aids in shrinking its size.

Deep Breathing in Heart Diseases.

Deep breathing, carefully, persistently, and systematically practised, is a rational remedial measure in chronic heart disease; but the climbing of high mountains or daily ascent of many flights of stairs is putting too much strain on the parts affected. Careful gymnastic exercises are undoubtedly useful in cases of early valvular insufficiency.

Mr. Hutton, a London bone-setter of world-wide fame, has lately died from an overdose of laudanum, drank by mistake. He was an unqualified practitioner, but had a highly lucrative practice. He was supposed to be specially skilled in breaking down old adhesions.

Concussion of the Spine.

In concussion of the cervical spine from direct violence, there may be injury to the vagus nerve, causing sense of suffocation, irregular heart-action and vomiting; or to the spinal accessory, causing spasm of the trapezius and sterno-mastoid, or to the phrenic causing cough and a sense of constriction round the abdomen.

Rupture of the Recti-Abdominalis Muscles.

A slight blow on the stomach, administered in certain attitudes, may cause rupture of the recti muscles; the symptoms are chiefly immediate pain, especially on movement, and probably a visible depression between the torn ends of the muscle. A more severe blow may rupture the peritoneum, causing excessive pain, extreme collapse, chest breathing, and contraction of abdominal muscles. If the mesentery or omentum is involved hemorrhage occurs.

Decomposition is extremely rapid in cases of death from sunstroke, due in great measure to the prevailing high temperature at the time of death.

In cases of phosphorous poisoning, no hydrochloric acid can be found in the stomach, only lactic acid.

Digitized by Google

Concerning Leprosy.

Leprosy has been proved to be communicable from one individual to another, besides its undoubted hereditariness. Prof. Garidner has verified this repeatedly by inocculation.

Dr. W. Jelly, of London, points out invariable pathognomic signs which he has never seen wanting in any cases, during a large experience in the Mediterranean leper-fields,—namely, a peculiar white opalescent state of the gums and general lining of the mouth and pharynx; a glistening, pearly-whiteness, with ultimate disappearance of uvula and constriction of pharynx; fetid breath, and whispering, chirpy voice.

To Dissolve Phosphatic Calculi.

A grain of acetate of lead to the ounce of water, with a few drops of free acetic acid, injected into the bladder, will sometimes dissolve a phosphatic calculus. A double decomposition ensues, phosphate of lead and acetates of lime and magnesia being formed. The solution is perfectly harmless.

Omnipresence, Antiquity and Indestructibility of Bacteria.

The much abused bacteria are to be found in millions on all the mucous surfaces of the body in health, all the cast-off epithelial debris being full of them, especially in the mouth, bladder, urethra and vagina. They are also present in the perspiration, and give the tint to colored sweat and pus. No doubt they flourished long before man existed, and that extermination is an impossibility.

Varied Usefulness of Alcohol.

Alcohol is useful medicinally when a sudden "fillip" or excitation is needed by the economy. A dose or two may relieve atonic diarrhea; assist expulsion of the fetus; ward off a cold, by inducing diaphoresis, etc.; but if the expected relief is not speedy, the condition will be aggravated by its prolonged exhibition, if indeed in some instances it may not already have caused mischief. Nevertheless, when administered advisedly, it certainly has its uses; and, judging by its popularity, they are—like Sam Weller's knowledge of London—"extensive and peculiar." The Negro baking under a tropical sun drinks it to cool himself; the cab-driver, shivering at your door on a winter's night, drinks it to warm himself; the weary traveller drinks it to stimulate his flagging muscles; the asthmatic drinks it to quiet his; the writer drinks it to keep him awake and arouse his intellect; the overworked man of business drinks it to make him sleep; the gambler drinks it to increase his nerve; the unfortunate drinks it to drown his care; but they all drink it because they like it! "*Vox populi suprema lex.*" According to them, alcohol is at once a stimulant, a sedative, an excitant, a soporific, a refrigerant, a carminative, a nervetonic, an antespasmodic and an astringent!

L. L.

Spread of Eczema.

"A patch of chronic eczema is a constant danger to its possessor, for there is great risk that it may some day blaze up as a general eruption. We see cases of general eczema chiefly in young children and in old or almost elderly persons. In children it almost always spreads from eczema of the scalp, and in adults from eczema rubrum of a leg. In children the eruption, although it may be abundant, rarely becomes universal; but in elderly men it is often so, and a most formidable disease it is. My almost invariable experience is that, in going into the history of such cases, it comes out that the patient had for a long time had a neglected patch of eczema on one leg. From this patch the disease spread. I by no means wish to ignore the influence of constitutional causes and of diet in favoring the spread of eczema; but, whilst admitting them to a share, I still believe that an infective process is by far the most important influence."—*Jonathan Hutchinson.*

Points to Observe in Passing a Catheter.

There are three sites in the healthy urethral canal, which may prove sources of obstruction to the passage of a catheter, especially a small sized instrument The first is the lecuna magna, a cul-de-sac in the upper wall, about an inch and a half from the outlet. The second is the sinus or the bulb, where it may press against the triangular ligament behind the orifice of the membranous portion. The third is the sinus pocularis of the veru montanum, or the prostatic sinuses of either side. These are all easily avoided by keeping the point of the instrument well against the upper wall of the passage, in the median line. In cases of stricture, care must be taken not to make a false passage through this upper wall.

The Boston *Med. and Surg. Jour.* sets forth a treatment of gonorrhea by an injection four times daily of a one per cent. solution of bicarbonate of sodium (gr. v to aquæ ℥j). The speediest results are claimed for it.

Digitized by Google

Value of Ether Spray.

Ether spray may be credited with two highly practical and useful attributes: it is frequently of the greatest service in aiding the reduction of a strangulated hernia; and it relieves and sometimes arrests sea-sickness, by its application over the surface of the epigastric region. We have had personal experience of its efficacy in the first direction; and we are assured by many observers that it is often useful in the second.

L. L.

Arab Treatment of Syphilis.

This is known under the name of El Bâris among the followers of Islam, and consists of a vegetable regime lasting for forty days. The patient drinks nothing but a decoction of sarsaparilla during the whole treatment. For the first ten days he has to consume nothing but large quantities, night and morning, of a paste composed of powdered sarsaparilla, water-cress, moist sugar and ginger, the whole boiled in water and enriched with dried raisins and bread devoid of salt. Ten days later he can take butter with his bread; seven days later, corn flour; and from this time on a little mutton, until the fortieth day, but always avoiding salt. This strange treatment has been, and still is, highly extolled by many European physicians resident in Arabia.

Palpitation.

Dr. Benjamin Ward Richardson, in the *Esclepiad*, warns sufferers from cardiac palpitation against tea, coffee, alcohol, tobacco, heavy meals, Turkish baths, and especially the practice of carrying to bed the anxieties and annoyances of the labors of the day. He favors digitalis, in combination with remedies tending to promote the cutaneous and renal secretions, as the most serviceable during the actual palpitation; and the bromide of iron, quinine and morphia, and a mixture of carbonate of iron, ammonia and morphia, as excellent remedies in the general treatment. Palpitation is usually functional and nervous and is not necessarily due to organic heart disease; on the contrary, it is an infrequent symptom in such cases. And some forms of palpitation—"gastric," for example—may be present when the pulse at the wrist is perfectly normal.

Iodoform, creasote, and excessive tobacco-smoking often produce amblyopia. Salicylic acid has been observed to set up amaurosis, with deafness. Choroiditis, iritis and keratitis are not infrequently associated with diabetes mellitus.

Benzoin in Pertussis.

"Friar's Balsam" or tinct. benzoini co. in ten minim doses repeated every three hours, frequently exerts a powerful action on whooping-cough, allaying and diminishing the spasms and distress in a very marked manner. It is well taken in mist. amygdalæ. L. L.

Simple Expedient in Strangulated Hernia.

This consists in dilatation of the constriction at the ring by passing the finger along the inguinal canal, until the constricting ring is felt. The finger is then gently insinuated into the opening, and if the opposing fibres do not yield readily, gentle pressure is made against the upper border of the ring until it gives way, when taxis will usually be successful.—*N. Y. Med. Times.*

Condition of the Abdomen in Disease.

In inflammation of the peritoneum, the abdomen is often flat, hard and extremely sensitive, and the pain is peculiar, severe and characteristic. In inflammation of the bowel itself, the abdomen is tumid and swollen, with localized gurgling in the right iliac region; and the pain is more diffused and usually accompanied by griping, tenesmus and either constipation or evacuations of a pea-soup-like consistence.

A coating of peppermint oil greatly relieves the pain and reduces the eruption of "shingles," or herpes zoster.

Diagnostic Value of Salol.

Salol is almost insoluble in the stomach, but on reaching the bowels, immediately dissolves, and appears in the urine in the form of salicyluric acid, which at once yields a red precipitate with chloride of iron. Thus we can estimate quite closely how long the food has taken to digest in the stomach, as we can judge exactly (by the urinary reaction) the moment of its entrance into the duodenum. This discovery, which we owe to Professor Ewald, of Berlin, is highly interesting, and suggestive of many practical applications in the diagnosis of disorders of digestion and diseases of the stomach. Salol is a white, nearly tasteless powder, soluble in alcohol, ether, and fatty oils. It consists of 40 per cent. of carbolic acid and 60 per cent. of salicylic acid, and may be administered pure, or in pill form, in doses ranging from five grains to half a drachm.

Santonin has been found successful as an emmenagogue, in ten grain doses.

Digitized by Google

Treatment of Chorea.

Many cases of chorea in children, when of a mild type, yield to the persistent administration of Fowler's Solution in combination with steel wine or ammonia—citrate of iron, cod-liver oil and generous feeding.

Diagnostic Point in Bubo.

Bubo does not always accompany soft chancre, but, when it does, it is inflammatory. It is never inflammatory with hard chancre.

When the fetal pulsations number 144 per minute, the sex is most likely female; when they are 124 per minute, male. Towards the end of gestation, the pulsations of the male may be a little higher in number, those of the female a little lower.

Dysmenorrhea.

Dysmenorrhea due to congested or inflamed ovaries is best treated with hot baths, hot syringing, local leeching and counter-irritation, bromide of ammonium, and physiological rest. When dysmenorrhea is caused by obstruction, divison or dilatation of the os uteri affords a rational mode of treatment.

Vicarious Menstruation.

We have under observation a patient who has thrown up quantities of clotted blood at each regular menstrual period for over four years, including the course of her last gestation, which occured two years ago. For a few days previous to the date when the vicarious hemorrhage was again due, we placed her on two grain doses of potassium permanganate, three times a day; the menstrual flow came "*per viam naturalem*," and, with it, a total cessation of the violent headache and general malaise that had invariably supplemented the abnormal discharge from the stomach. L. Lewis, M.D.

A kidney may gradually pass from the healthy into the chronic condition of wasting and condensation without there having been any enlargement at any period of the disease.

Lionel Beale.

Papoid, the vegetable pepsin, is attracting considerable attention in this country, and those who have tried it report remarkable results. During the recent epidemic of diphtheria in St. Louis, it was found very efficacious as a solvent for the diphtheritic membrane. We will watch further reports with interest.*

* For prices, pamphlet, etc., address Johnson & Johnson, 23 Cedar St., New York.

CLASS-ROOM NOTES.

[*From the College and Clinical Record.*]

—For functional *sexual depression*, try cannabis indica.

—Prof. Bartholow recommends pulsatilla for *suppression of menses* from cold, also for inflammation of uterus and appendages.

—Prof. Da Costa says: "In *cerebral rheumatism* the rule is to give digitalis, but give aconite when the pulse is strong and full."

—Prof. Bartholow regards the introduction of the *nitrites* one of the most important additions to our resources of this century. They accomplish and act as no other remedies can or do.

—Of value in *tonsillitis* is the following:

℞ Guaiac.....gr. iij
Potassii chloratis.....gr. vii–x
Sacchar. alb. pulv.....gr. x
Ft. pulv.....
M. Sig.—Allow to dissolve in mouth.—(Da Costa.)

—Prof. Gross recommends the following to *reduce the plastic properties of the blood* and to cause absorption of exudation material:

℞ Hydrarg. chlor. corrosiv.....gr. 1/8
Potass. iodid.....gr. 1/2
Antimon. et potass. tart.....gr. 1/16
M.

—For *hemicrania*, with pale face, followed by nausea and vomiting, Prof. Bartholow gives one drop of the centesimal solution of nitro-glycerine every two hours, and increases the dose one drop till the characteristic symptoms are produced.

—Prof. Bartholow directed for a child with *ileo-colitis*, frequent, offensive, sour stools, swollen abdomen, a milk diet, bismuth subnit. gr. v, creasote, ♏ 1/4, suspended by the aid of glycerine in mint water. A turpentine stupe or weak mustard plaster to abdomen useful.

—Prof. Bartholow prescribes as a *tonic laxative* acting at the same time on the liver, this prescription:

℞ Magnesii sulphat.....℥ j
Ferri sulphat.....gr. ij
Mangan. sulph.....gr. iij
M. Sig.—Daily dose.

—If in *syphilis* of the malignant type, rapid in its course, a rapid action is required, Prof. Gross advises the deep injection of the following:

℞ Hydrarg. bichloridi.....gr. 1/8
C caain. hydrochlorat.....gr. ss
Aquæ.....♏ xv
M.

Digitized by Google

—Prof. Gross recommends as a *nutritive enema*, in cases where the stomach refuses to act, an egg beaten up with two ounces of milk, some beef peptonoids, four grains of sodium bicarbonate, one drop of phenol and ten grains of lactopeptine or liq. pancreat., ʒj or ʒij.

—Prof. Da Costa considers the best and most reliable *tests for sugar* to be Bœtger's and Moore's, The former consists of boiling the suspected urine with equal parts liq. potassæ and a pinch of bismuth subnit. If sugar be present, black metallic bismuth will be thrown down and precipitate. In Moore's, boil with equal parts liq. potassæ. If sugar is present, a syrupy odor is given off and the contents of the tube become a dark-brown color.

Notes from Philadelphia Clinics.

Dr. Curtin exhibited a case of carcinoma of the stomach. The tumor could be plainly felt in the usual locality of the pylorus, and yet the man vomited about fifteen minutes after eating, instead of two hours, as is the case with pyloric obstruction. The lecturer thinks that the man may have a cancer at the cardiac end of the stomach, as well as at the pyloric orifice, causing esophageal dilatation, but he had not fully made out his diagnosis.

For thirty years Prof. Garretson has found almost invaluable in malarious cases, and as a tonic after capital operations, especially in malarial districts, the following preparation: Put ʒj of red cinchona bark and ʒss of Virginia snakeroot, broken in small pieces, in a pint and a half of water. Let this simmer down to one pint; then strain and add a pint of Lisbon wine. Give a wineglassful three times a day.

Dr. Bruen exhibited a heart and its large vessels, taken from a patient who died of aneurism of aorta. There was a tumor both on the anterior and posterior aspect of the aorta. The posterior one had so pressed against the trachea as to flatten it, and also the œsophagus. The anterior tumor had pressed on the lung substance until the latter had become gangrenous.

Dr. Hirsch exhibited a case in which the decidua vera remained after labor, and the uterus failed to contract to its normal size. On using the curette a very dangerous hemorrhage occurred, which took considerable trouble to control; but after a few days a second use of the curette removed the membrane and the uterus contracted to its normal size.

In a case of hemmorrhagic phthisis, at the Philadelphia Hospital, Dr. Curtin prescribed oil of origanum, gtt. iij t. d. He recommended also the use of lycopus Virginicus, ʒj to Oj of water, making a decoction and using a wineglassful at a dose. It is a remedy which is very efficacious, though little used.

Dr. Bruen exhibited to the class a liver which weighed over nine pounds. It had a very yellow color and granular surface. The patient had some jaundice and slight abdominal dropsy. With the cirrhotic liver came a complication of pneumonia. The whole course of the cirrhosis did not last over nine weeks.

BLOCKLEY.—Dr. Clara Marshall made an especial clinical demonstration of the discoloration of the vulva and mucous membrane within the vagina during pregnancy. The patient had been pregnant for three months, and the parts had a very decided purplish, venous hue.

In a case of chronic uterine inflammation, Dr. Clara Marshall especially recommended the hot vaginal douche with a fountain syringe, using at least two gallons of water, at the temperature of 110° F., and with an interrupted stream, if the patient could bear it.

Prof. Atkinson claims that for sore throat chlorate of sodium is preferable to chlorate of potassium, for the following reasons: It dissolves more easily, it acts more quickly, it is more easily thrown off the system, and it does not affect the kidneys.

Prof Woodbury, at the Medico-Chirurgical, recommends Ferrier's snuff in coryza:

℞ Morphinæ sulphatis..... gr. v
Pulveris acaciæ..... gr. x
Bismuthi subnitratis..... gr. l (50)
M.

Among the long prodromal symptoms, frequently in cases of typhoid fever, Prof. Waugh says that one of the most distinctive of the coming fever is a sense of fatigue after eating, followed by swelling of the abdomen and cold sweats.

Dr. Hirsch showed a child which had almost complete paralysis of the left side from forceps delivery. It could be demonstrated, especially when the child cried, as one side of the face was then greatly retracted.

For a mild and sure cathartic, divide a Seidlitz powder into four parts, and give one double part every fifteen minutes.

In cases of bad odors from fevers, sponge the patient twice daily with equal parts of vinegar and water.

Prof. Shoemaker says that in pruritus vulvæ a solution of equal parts of borax and alum gives instant relief.—*Phila. Med. Times.*

Digitized by Google

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

☞ Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally also, a downright fact may be told in a plain way: and we want downright facts at present more than anything else.—RUSKIN.

Answers to Inquiries in October WORLD.

Editor MEDICAL WORLD:

1. In Dr. Brodbeck's interesting case, there had probably existed catarrh and atony of the affected bowel for years. The attacks of colic were efforts of nature to secure the evacuation of accumulations. Torsion rarely if ever occurs unless the bowel is previously diseased. In this, as in all cases of intestinal obstructions, the treatment should be restricted to the use of opiates, large enemas of hot water, and laparotomy if prompt relief does not follow. The gas might be removed by the aspirator to secure temporary relief. A flexible catheter might have been passed through the obstruction, especially if the bowel were first distended with hot water. The reason the gas did not ascend was because a twist below the dilated portion necessitated a corresponding twist above it.

2. If Dr. J. Zack Taylor be worldly wise, he will dig out his spring, build a big hotel around it, give me $500 for an analysis of its water, and announce the discovery throughout the country; taking for that purpose a page in THE MEDICAL WORLD. Bergeon uses the water of a sulphur spring; and I have no doubt that Dr. Taylor's is equally likely to cure tubercular phthisis.

3. Is Dr. Craft certain his sound did not pass through the urine tissues into the peritoneal cavity? I have had this experience; and no one who has not can appreciate the ease with which a small Sims' sound will penetrate the wall of a subinvoluted uterus. Try a No. 24 flexible metal sound.

4. Inverse types of typhoid fever, with high morning and low evening temperatures, have been put on record; notably by Dr. Hollopeter, of this city. I have never seen a case like Dr. Abell's, and would suspect a malarial complication.

5. I would call Dr. Purdy's case one of *petit mal*, unless there are sufficient grounds for attributing the symptoms to hysteria. Resorcin might be tried, with benefit.

6. Dr. Edelen's first case is chronic metritis, subinvolution, and perhaps prolapsus. He should by all means make a vaginal examination. An Emmet could not treat such a case without it.

His second case should have local treatment such as is indicated by the results of an examination. We do not like to examine unmarried women, but this girl's reason is in danger unless she is relieved. Aconite and nitrate of potassa at the meustrual periods would probably give relief. If the objections to an examination be insuperable, apply flying blisters over the womb and ovaries, give an iodoform suppository at bedtime, and at the menstrual period apply leeches to the inside of the thighs.

7. Dr. Dickerhoff must give us some better proof than a newspaper article before we admit that lizards can exist alive in the human stomach. The racy imagination of a reporter hard up for a sensation, is equal to conjuring up an alligator, let alone a lizard.

8. If Dr. Hudson has never tried the use of small hot water injections in dysentery, he will find them a useful addition to his armament. Ipecacuanha in small doses, or large in severe cases, with an occasional saline laxative, do well. I have given half drachm doses of ipecac, in bad cases, every 8 hours until better, with good effect. Hot poultices to the abdomen also gives relief.

9. For fetid feet, wear ventilated shoes; cloth, or the Jaeger pattern. Wash the feet daily in cold water, with no soap.

10. Aconite, locally applied, may ease the pain of an abscess; mercurial ointment often relieves the soreness of a boil. A ten per cent. solution of oleate of cocaine in oleic acid might answer. WILLIAM F. WAUGH.

Philadelphia, Pa.

Sequelæ of Measles.

EDITOR MEDICAL WORLD:

I wish every member of the brotherhood to send me, by private letter, a report of all the cases of measles they have seen during pregnancy.

How many cases in all?.

How many abortions?

How many miscarriages?

How many that went to term and how many deaths? Also, state whether the measles was complicated with any other disease outside of the sequences of abortion, or miscarriage. I want to get up a report of such cases for publication in the December number of THE MEDICAL WORLD. Brethren, please respond at once, as I am desirous of having the report as complete as possible. Don't fail to give your P. O. and State, as I want to arrange the report in tabular

Digitized by Google

form and give each member's name, residence and number of cases, and how they terminated.

Cotton Plant, Ark. W. J. MATHIS, M. D.

[Such investigations should be encouraged and aided in every possible way, for it is by our united experience that medical science advances. Residence in a city is no longer necessary to gather and tabulate a great number of cases, for wherever you live, you can aid in or conduct (as above) such investigations by means of the columns of THE WORLD, which now reaches over twenty thousand physicians every month.—ED.]

A Case in Gynecology.

Editor MEDICAL WORLD:

I want help and as soon as possible, and hope some light on the subject may be had. A lady, 40 years of age, has had six children, the youngest five years of age. I think she is suffering from monomania. She has been under treatment of the best M.D.'s in this State. Her husband, a German, has spent some $600 on her without any help whatever. I was the first to prescribe for her, about two years ago. She claims to be suffering from "falling of the womb;" to use her words, "It all de time falls down."

To me it seemed mysterious at that time. I treated her one month. She passed from me then successively from one to another, and now she has called upon me once more, and I'll describe her as she is: A brunette, large, healthy, bowels move every day regularly, yet for one year has never been out of bed; appetite splendid, but she complains of a heavy, dragging, bearing-down sensation over the uterus, and wants me to operate and take it away. At times she scolds her husband and family, and imagines he does not want anything done for her. She takes medicine a little while, then says it is no good, and throws it in the fire, as she has several pessaries and other appliances. The only thing I can discover that is at all wrong is a little hypertrophied condition of the external os uteri. Have cauterized it, and done everything, but of no avail. I have her now on strychnine, $\frac{1}{60}$ gr., three times daily, and morphine and podophyllin, $\frac{1}{8}$ gr. each, every four hours. She reports feeling better, the only time she ever acknowledged from any physician that she was helped, but only in this way; said "her arms did not feel quite so heavy, but Doctor it all de time fall down." I have a little scheme on hand I intend to work in this wise. If possible, I shall procure a womb of a young heifer, and tell her I am going to operate and take her womb away, give an anesthetic and go through the operation, after which I shall show it to her, and will report how it has worked. But I want to get some suggestions as to opinions, etc., all of which will be highly appreciated.

For the benefit of Dr. G. A. Richardson, I will say that Dr. Emmett Holt prescribes acidi salicyl., and not salicylate of soda; at any rate, I have had splendid success with the acid, as I treat nearly all such cases, viz.: cholera infantum, etc., antiseptically. My favorite formula is:

℞ Tinc. gelsemii.....f℥ ss
Tinc. opii camph.....f℥ ij
Acidi. carb. glyc. (formula U. S. D.).. ʒ j
Elix. brom. potassii.....f℥ j
Aquæ pura, q. s. ad.....f℥ ij
M. Sig.—A teaspoonful every two hours;

I generally use, also, an enema of starch and listerine every hour. Have met with splendid success with the above, and, of course, meet other symptoms as they arise. I also agree with Dr. C. D. Frost in regard to the bandage for lying-in women. I use it every time.

Bandara, Tex. GEO. H. RICE, M.D.

Ergot Again.

Editor MEDICAL WORLD:

I have read your articles from various pens on the use of ergot in parturition. Many judicious expressions have been given, yet, while having no thirst for distinction, to advance the common good in our work, I presume to render an opinion.

During twenty-eight years I have had recourse to its contractile power on the uterus. Do not consider that it can originate labor when given in proper doses. Rarely use it singly. In combination with fl. ext. of gelsem., I find it gives great steadiness to the uterine contractions. Formula, fl. ext. ergot, 35 drops, fl. ext. gel., 10 drops. The ergot may be repeated oftener than the gel. This frees the system from irregular and neuralgic pains concentrating in the uterus.

When the head of the child is large, and the lapping of the cranial bones do not readily take place, I give from one to two grains of opium, and it really seems to aid the laboring lady, so that I generally meet the approving smile of the newly-made mother for the happy result of my therapeutics. I never give, during a labor, more than three combined doses of ergot and gelsem., nor more than two anodyne relaxant doses.

Ergot and gelsem., with opium, before delivery, are my best medicines to prevent hemorrhage and shock. Would fear the use of chloral hydrate, lest unexhausted chloral in the blood, after labor was completed, should overact on the brain, producing weakness of the heart's action.

Digitized by Google

With the foregoing treatment I find no adhering placenta, nor have I met with any hour-glass contraction.

Concerning that much disputed bandage, I have waited long to find the necessary ground occupied, and beg leave to say, I use a bandage from fifteen to eighteen inches in width. After having had a diaper properly laid on the female, I begin to pin *a straight bandage* below the symphysis pubis, and carrying three inches below the head of the trochanters, tightly enough to constitute it an abdominal supporter, I extend it over the floating ribs and reaching to the lower points of the scapulæ posteriorly, and anteriorly to the commencement of the mammæ, closely enough for a properly laced corset, setting my pins one inch apart only. Ladies generally remark, "how supporting the Doctor's bandage is," and "I want my old Doctor, for he bandages me so thoroughly." I appreciate these remarks.

Hodgden, Maine. NORTH STAR, M.D.

Perforating Wound of the Abdomen.

Editor MEDICAL WORLD:

Two cases in September WORLD, under the above heading, call to mind an interesting case I had last spring. Late in the evening of May 21, I was hurriedly summoned to see Mrs. R., who had been gored by a vicious cow. She is a Swede, brunette, aged about 27, mother of two children and healthy. The horn of the cow made two lacerated wounds in the abdomen. The larger one was a little below and to the right of the umbilicus, and three inches in length. The other was an inch above the larger one and an inch in length. A very intelligent midwife was present and acted as nurse during her illness. She said that a loop of bowel protruded through the larger wound when she arrived, and that she at once replaced it. As the patient expected to be confined in two weeks, the case did not look very encouraging. She suffered but little from shock. I gave her a little chloroform, then introduced my finger into the abdomen to see if the uterus was wounded. Could not detect that it was. Replaced the adipose tissue that was protruding from the wound and proceeded to close it.

I first sprayed the wounds and abdomen with carbolic solution, snipped off several ragged corners, put six stitches in the larger wound and two in the smaller one. All the light I had to do this by was a miserable dirty lamp without any chimney. I put a number of long strips of adhesive plaster across the abdomen to support it in case labor should come on. I again sprayed the abdomen and put a dry dressing of carbolated absorbent cotton over the wound, and lastly a rubber bandage around the abdomen. The midwife wanted me to induce labor and deliver at once, but I thought otherwise. As she had some rather suspicious pains I put her on black haw, thinking I might possibly prevent a miscarriage. I gave her also small doses of morphine, quinine and aconite.

Kept the room and bed thoroughly disinfected with carbolic acid. The following morning at ten I again saw patient. She had rested well; no fever; pulse 90 and strong. Did not remove dressing; continued the above treatment; ordered a dose of castor oil to be followed by an injection in a couple of hours.

On May 23, the patient was doing splendidly. Labor came on the previous night and she was delivered by midwife with forceps as soon as the cervix was well dilated. As her husband was not at home and no men folks about, she could not send for me. Child had club feet and was deeply cyanosed over the entire body. There were no marks of violence on its body. It moaned continuously and died before night. Removed dressing for the first time. None of the stitches gave during labor, which, I think, was prevented by the adhesive strips. Wounds doing well in every respect; no fever or pain; bowels moved. I sprayed the wound and dressed as before. I have daily reports of this case, but it would take too much of your space. Suffice it to say that I discharged her on the tenth day. She made a rapid and complete recovery.

I kept her on tonic doses of quinine until discharged. Ordered her to keep a soft, firm pad over the wound, to be kept in place with a bandage to protect the abdominal walls, and told her to wear this for several months. Inasmuch as there were no alarming symptoms, recovery rapid, patient pregnant, and wounds of no small proportions, I consider this case a rare and interesting one.

L. R. MARKLEY, M. D.

Kimball, Nebraska.

Give Treatment for Functional Impotence.

Editor MEDICAL WORLD:

Will you or some of your readers give me assistance in the following case. Mr. ——, thirty-one years old, married three years. Was taught self-abuse when twelve years old, by a companion, and practiced the vice until he was married at twenty-six. He says that from twelve to twenty years of age he does not think that he missed a day, and sometimes as many as six or eight times in twenty-four hours. From twenty to twenty-six, two to four times a week was all. Was married and found the marriage bed of no

Digitized by Google

account, either to him or his wife, as he would have an emission before an entrance could be made. At the present time he can sometimes make entrance before ejaculation takes place and sometimes not.

Can he be cured? and if so, how can it be done? He has been under my care for a year, and I don't see that he is much better. I have given him phosporous, strychnine, celerina, damiana, ergot, pepsin, etc.; used sounds, cold water and electricity. Electricity and sounds seem to have done him some little good. He seems to be in good health except as above and some catarrh.

He is a powerful, bright-eyed man, weighing 175 pounds, cool and steady-nerved, and does not show his early indiscretions at all at the present time, although from sixteen to twenty-one he says he was covered with pimples and boils that made his face and shoulders look worse than they would have done if he had had the small-pox. He has the general reputation among his friends of being a man whom nothing can start or excite. His passions are strong, but his testicles are not up to the normal in size, especially the right one; penis, fair. His wife's sexual appetite has never been developed, I think, as she is the most devoted woman to her husband that I have ever seen. They have one child, now nine months old, and there is no question but what it is his, as it is the exact image of him, even to a small scar over the left eye.

I should like to hear from those who have treated such cases, with *full* directions how to proceed. The case is not unusual, and a little discussion will probably be of benefit to the most of us. JACK.

The Treatment of Inflammation of the Knee, Hip and Ankle Joints.

Editor MEDICAL WORLD:

In the Glasgow *Medical Journal* for August, 1887, Mr. Knox writes upon the treatment of diseases of the joints, and the following is a summary of his kind of treatment:

1st. Absolute rest to the affected joint.

2d. If the disease is progressive, counter-irritation.

3d. Sorbefacients, with pressure over the joint.

4th. In all cases cod-liver oil and iron.

5th. Nourishing food, and often stimulants.

6th. Getting the patient into the open air if able to walk; if not able to walk, by the use of carriages, etc., etc.

He says, "Under such a regime it is astonishing how many patients rapidly improve."

"It may take months or even years before a cure is effected; but give time and necessary attention; even in very bad cases, I would not despair of an ultimate cure."

Some of Dr. Knox's suggestions tally with my experience in the treatment of these affections, although I consider those tabulated under the 2nd and 4th heading as entirely superfluous, a mere waste of time and means.

In inflammatory conditions of these joints the indications to be met are:

1st. Perfect immobility of the affected joint.

2d. Extension.

3d. Removal of superincumbent weight.

4th. Means of allowing the patient to take open-air exercise.

The subject of a proper nourishment is one which no physician of the present day will overlook, but in the majority of *these* cases it will not be necessary to change the diet ordinarily indulged in by the patient.

I have found no necessity for the use of counter-irritants, or the exhibition of sorbefacients; neither do I give cod-liver oil and iron, except, perhaps, in rare cases where patients are anemic, or of a scrofulous diathesis.

My experience is, that stimulants should be ventured upon with extreme caution, if at all.

By the use of an elevated shoe and a pair of crutches we can meet the indications as given in a manner at once simple and effectual.

To the shoe of the sound limb a steel plate is attached, which corresponds in size with the sole of the shoe. This plate is attached by means of upright rods about three inches in length, so as to elevate the foot from the ground; it is in fact the shoe ordinarily used for shortened limb.

This elevated shoe, with a pair of ordinary crutches, constitutes the apparatus in full as used for inflammatory conditions of the hip joint.

As the patient stands upon this elevated shoe supported by the crutches, the diseased limb is suspended, the shoe being high enough to prevent the foot of the diseased limb from coming in contact with the ground at any point.

The steel plate can be covered with leather or rubber to prevent noise while walking.

The hip joint is rendered immobile by the powerful muscles which surround it without the use of mechanical restraint, while the weight of the affected limb produces sufficient extension. Superincumbent weight is removed by the elevated shoe on the sound limb, and the crutches furnish a means of taking exercise in the open air.

In inflammation of the knee joint the method pursued is essentially the same with the addition of compress over the joint; and *this* joint, lacking the powerful muscles which surround the hip, requires some mechanical restraint to

Digitized by Google

fulfil the indication of perfect immobility which is essential to success. This mechanical restraint with pressure over the joint can be accomplished in various ways, one of which is to surround the knee with wool wadding and apply plaster-of-paris bandages, making a complete cast of the limb from a couple of inches above the ankle to the middle of the thigh.

Another method is by using hatters' felt of extra thickness. The felt having been cut of proper length and width (it should be wide enough to nearly if not quite encircle the limb) is rendered pliable by dry heat, or immersion in hot water, applied to the limb, and quickly and firmly covered with a roller bandage applied from below upward, moulding it to all surface inequalities. As soon as the felt regains its inflexibility, which requires but a short time, the bandage is removed, the felt taken from the limb, its edges trimmed with a sharp knife, and holes punched an inch or more from the edges so that it may be laced. The lacing holes being at the distance of an inch or more from the edges allow of the splint being made smaller as enlargement of the knee decreases.

Holes can be made in this splint at proper places should fistulous openings exist. For the ankle joint I find plaster-of-paris preferable to other materials as a splint; it can be put on in the form of a complete cast, or in anterior and posterior sections held in position by a roller bandage or adhesive plaster. I do not claim originality for this method of treating inflammation of these joints; it was, I believe, first suggested by Dr. Jos. C. Hutchison, of Brooklyn, L. I., an eminently practical member of his chosen profession.

I have made use of this method for years, and with universal success. The use of counter-irritants and sorbefacients is unnecessary, and alleged extension splints cumbersome, expensive and always a source of discomfort and annoyance to the patient, are not required.

Let the profession at large try this rational method of treating inflammatory conditions of these joints, and I predict that the percentage of permanent cripples will decrease to a wonderful extent.

Oswego, N. Y. H. L. WILDER, M.D.

A View of Parturition.

Editor MEDICAL WORLD:

Almost all physicians say "Labor is physiological; hands off." These gentlemen are only partly right; our modern civilization making confinement in many cases, to a certain extent pathological, not counting accidents. I have kept a record of my cases of confinement and watched them very closely during the last seven years, and find that labor begins from a few days to four weeks too soon in 33 per cent. of the cases. In other words, in about one case in three I am able, by a careful study of the patient, to find a remedy that will stop the pains and allow the woman to go her full time. This I think is the great secret of having easy confinements.

If a woman has gone 280 days, labor will be easy; less than 280 days labor will be hard and long in proportion to the number of days lacking.

To illustrate: I was called April 12, 1884, to visit Mrs. McM., aged 33, first confinement. Found the os dilated to the size of a silver quarter; pains every three minutes and very powerful; skin covered in places with a dry, scaly eruption, with some burning; vomiting bilious substances, with great thirst, burning in stomach and distressed countenance.

Ordered Fowler's solution in two drop doses in warm water every ten minutes. Pains and vomiting began to decrease by the time the second dose was taken, and in one hour the patient was asleep. Twenty-seven days afterward I confined her in three hours with perfect ease and safety. That is about the history of one-third of my cases.

I sometimes use morphine, caulophyllum, viburnum, or whatever I think is needed. Sometimes belladonna, or gelseminum in small doses will do the work. The dose must be repeated often. I give all my regular patients a prescription to be taken the last month of pregnancy. I give whatever I think will suit that particular case, to be taken once or twice a day. Since adopting this plan, that is, *to put labor off just as long as possible*, I have not found any part presenting but the head, except in one case of twins, and that was footling of second child. *It has been vertex presentation so universally during the last seven years, that I have almost come to believe that nature will present the head every time if you let her go the full time that she intended.* When called to a case of labor, I *always* try to *stop* the pains. The medicine that will quiet the pains before 280 days will increase them after that time has passed, and you cannot stop them except for an hour or two, if it has been 280 days since impregnation, without killing the woman.

Of course I do not say that all women go exactly 280 days from impregnation to confinement, but the nearer you get to that the less trouble you will have.

A child will pass the genitalia of a woman easily 280 days after conception that could only be delivered with the aid of forceps at the 270th day. I hope that this will bring out the opinion of others on this subject.

Fargo, Dak. C. R. WARD, M. D.

Digitized by Google

A Strange Case in Medical Jurisprudence.

Editor MEDICAL WORLD:

The following remarkable case was investigated here the first week in May, 1887, by Dr. White, Coroner, and the result is so uncommon that I send THE WORLD a brief account of it:

On May 1st, some young men found a much decayed corpse in a private lot in the middle of the Catholic Cemetery of this place. It had been placed there a night or two before, as the care-taker had moved a body from the adjacent lot three days before and he and his assistants were sure this corpse was not there when they were at work at the grave in the next lot. However, the coroner was notified and an inquest begun. As three men had at different times suddenly disappeared from the city during the last two years everybody at once supposed a murder had been committed and this body had been concealed by the murderer, but for some cause he desired to get rid of it and had taken it in the night, which was very dark and rainy, and thrown it in this grave-yard, hoping it would be buried by the town and thus forever hide his crime.

The body appeared to have been in lime, but on a *post-mortem* it was found to be adipocere, into which all the tissues of the back, legs and abdomen were converted.

No injury of skull or other bones could be found, and the condition of the body indicated that it had been buried in a wet place for a year or two. Suspicion then fell upon the care-taker, of having removed the wrong body, and, being tipsy, forgot to replace it in the grave before filling it in. But he swore positively that he did not do so, and his assistants corroborated his statement. After three days investigation by police and coroner, a grave near by that had been partly opened in mistake by the care-taker, was opened and the coffin found empty. The corpse was then recognized as that of a man who had been dead three years and buried in the grave now opened. The theory then was that some body-snatcher had opened the grave, supposing the fresh earth indicated a fresh body, but after another day's search a lunatic was found who had been seen prowling about the grave-yard that week and on the day the corpse was found, and he had told his daughter on going home on the 3d of May, after being absent from his home a week, that he had been to the Carleton Catholic grave-yard and dug up a cousin of his who had been dead six years, that he might bury him in another place, but found the body so rotten that he had left it in the cemetery.

Circumstantial evidence corroborated his story and the verdict was in accordance with the facts.

Thus, what at first appeared to be a foul crime, then the drunken freak of a grave-digger, then a desecration of a cemetery, turned out to be simply the mad act of a lunatic who wanted to have his cousin buried in another place.

In all the records of medical jurisprudence there is probably not another similar case.

I may say the post-mortem was made by myself, aided by Dr. A. F. Emery, of the St. John Hospital. There was water running through the coffin most of the time since the body was buried, which presented the most perfect specimen of adipocere I ever saw.

THOS. W. MUSGROVE, M.D.

Carleton, St. John, N. B.

Umbilical Hernia.

Editor MEDICAL WORLD:

Umbilical hernia in infants and young children is frequently a troublesome lesion to treat successfully. The methods of procedure usually laid down by authors, while theoretically promising, are not in all respects clinically satisfactory. There are many little annoyances and drawbacks that it seems difficult to foresee or guard against.

Trusses of various kinds have the unfortunate habit of getting out of place, allowing the hernia to escape sufficiently often to materially interfere with the prospect of cure. Of course, the instrument maker or the surgeon can readjust when necessary. This may be readily done in large towns, but for patients in rural districts it is decidedly inconvenient. Nor is it desirable to play "fast and loose" with the hernial protrusion, as every lapse interferes with recovery.

During the past two years, I have treated a considerable number of cases of umbilical hernia according to the method reccommended by Dr. Archambault in the *Journal d'Accouchements*, for Oct. 30, 1885. The results are such that I am persuaded that the method ought to be more widely known and used.

A piece of refined beeswax is moulded into the form and size of a marble, or larger if required. This is cut in halves, or divided unequally should it seem best.

After the hernial protrusion is returned, the *convex* side of one of the sections of wax is pressed over the hernial opening and secured in place by strips of Maris' best plaster, or some *good* antiseptic plaster.

In applying it, the tissues of the abdominal walls are crowded towards the umbilicus, thus in a measure closing the hernial opening. The

Digitized by Google

wax so adheres to the skin that there is little danger of its getting out of place. The adhesive straps are to be re-adjusted, re-applied or renewed as may be necessary, but *the hernia should never be allowed to escape after being once properly returned.* The child should be presented for the surgeon's inspection from time to time, as may seem advisable.

This treatment is simple, and gives better satisfaction than any other I have ever seen used.

BENJ. EDSON, M.D.

Brooklyn, N. Y.

Obstetrical Anomaly.

Editor MEDICAL WORLD:

The following case in practice, if not unparalleled, is certainly sufficiently unique to merit at least a brief notice:

On the 16th of June, 1882, I was summoned to the bedside of Mrs. N. P., in her second confinement. The labor progressed normally during the first and second stages. The os dilated rapidly, followed by the escape of the liquor amnii. Almost immediately the knees presented and were accompanied by severe and prolonged propulsive pains. An effort was made to change the position by grasping the feet, but did not succeed, owing to the powerful contractions of the uterus. The legs were flexed on the thighs to within ten or fifteen degrees; the knees were ankylosed. After about a half hour of very severe suffering, delivery was accomplished. But now comes the anomaly. The arms were also flexed at the elbows, at an angle of about twenty degrees, and ankylosed. The face and head were perfectly formed, but there was entire absence of the abdominal wall, from sternum to pubes. The edges completely healed; no bleeding surface anywhere. There was also entire absence of external sexual organs. But over the sacrum was a tumor of a circular form, about four inches in diameter, raised about one and a half inches from the surrounding surface, which, on puncture, discharged about a half pint of ropy liquid, resembling the liquor amnii. But the critical condition of the woman following the delivery was such as to require all my attention for the next hour or two, and in the meantime the child was removed from the room, and no opportunity for further examination was permitted. I have often regretted that the confusion of the friends, on seeing the nondescript, and their haste to remove it from sight, prevented me from making a complete examination of the interior of the tumor, and also a search for the internal sexual organs.

After the above description of the case, it is hardly necessary to add that the child was dead when born, although motions had been felt within twelve hours of birth. The mother made a somewhat tedious but complete recovery. There was but slight laceration of the os and of the perineum. The parts all healed within a reasonable time, without resort to surgical measures. No cause could be assigned for the abnormal condition of the child and the arrest of development, except the fact that the mother had attended an entertainment by Buffalo Bill and company when she was about three months advanced in pregnancy. Was that the cause?

Millville, Pa. J. B. PATTON, M. D.

An Unusual Case.

Editor MEDICAL WORLD:

In the month of August, 1886, I had an opportunity, while looking after the practice of a friend, of attending a case somewhat peculiar, very interesting, and I think well worthy of investigation. The following is the history of the case as I remember it:

A man between forty and fifty years of age, previously in the enjoyment of good health, and without any premonitory symptoms whatever, fell suddenly from his chair to the floor in a state of insensibility. I saw him shortly afterward, when he presented the appearance of a person in an epileptic fit—the eyes were rolling about; there was frothing at the mouth, which was drawn slightly more to one side of the face than the other; there was rather violent and irregular muscular action; the pulse was rapid, but small; there was no discoloration or swelling of the face; the respiration was slow and irregular; the cardiac sounds normal so far as I could judge, but the heart's action considerably increased, and the bowels were constipated. I ordered him a dose of calomel and jalap, and directed that cold be applied to the head by means of ice-bags, not thinking it proper to bleed him, his pulse being so small; neither was I satisfied regarding the propriety of giving him opium.

I saw him again the next day. He still continued in the same state of almost complete insensibility, and had had a succession of fits. The pulse was now rapid, full and hard, and the face suffused, under which circumstances, especially as consciousness had not been restored, and thinking that he might be suffering from some temporary pressure on the brain, I decided to abstract blood, which I did, not, however, taking a large quantity, as the bowels had not yet been moved. I ordered a strong enema to be administered, composed of turpentine and asafetida, which had the desired effect, producing a copious evacuation, acting

Digitized by Google

too, I dare say, as a derivative. Under the influence of these two powerful remedies, at least after they had been employed, he recovered consciousness, recognized those about him, spoke quite rationally, and answered distinctly questions put to him, but still complained of considerable pain in the head, with a feeling of oppression, and of impending danger. His pulse was still quick, but a good deal diminished in fullness. I gave him a tartar emetic mixture, not in doses to excite vomiting, promising to call next day. I did so, and to my no little surprise and anxiety, found him in a worse condition than on my first visit. A few hours after the bleeding he again became insensible, the fits returned with increased violence, and continued with little intermission. I now somewhat reproached myself, thinking I had perhaps adopted too active measures; however, I determined to persevere, comforting and endeavoring to quiet my conscience with the axiom that "while there is life there is hope." The pulse was now exceedingly rapid and small, and the breathing more labored.

I thought stimulants were indicated, and consequently prescribed a mixture, composed, so far as I can remember, of ammonia, camphor and morphine, and also directed them to give him brandy frequently in small qantities, at the same time expressing a desire that they would call in another physician. This, however, they declined doing, on the score of poverty, I presume. I saw him again in the evening. No improvement had taken place; on the contrary, he was much worse, and appeared almost *in extremis*. The pulse, I may say, was now imperceptible, the breathing stertorous, the extremities cold, and he was covered with a cold, clammy perspiration. The eyes were turned up and fixed. I cannot say whether or not there was any change in the pupils during the paroxysms.

In his present condition I thought it would soon be all over with him, but desired them to continue just as they were doing, and tried the effect of the blister to the back of the neck and warmth to the extremeties. In the meantime the friend whose practice I had been attending to returned home, and I at once informed him of the case, requesting that he would see him as soon as possible. He visited him almost immediately, and finding him in the condition above described, gave it as his opinion that the man was dying, and merely told them to follow the directions already given. As I took a deep interest in this case I determined to call next morning to see whether my patient was still in the land of the living, or had followed the "great majority," with the full and painful conviction that I could do about as much for him in the one case as in the other.

On reaching the house I knocked at the door, and, to my no little surprise, in fact I might almost say terror, the man who only a few hours before was pronounced dying, now opened the door for me himself. I wondered whether or not this could be an optical delusion, but, on a closer inspection, the door-keeper proved indeed to be my supposed dying patient, *in propria persona*.

He expressed himself as feeling perfectly well, merely complaining of a little uneasiness in the head; his cheeks were ruddy and his pulse regular and of ordinary strength; to all intents and purposes *he was well*, and has since required no medical treatment whatever. What the disease really was, and what the cause of it I am not quite prepared to say, simply from the fact of not knowing. But that it was some affection of the brain, one of the most important and delicate organs in the body, the most mysterious regarding the pathology of some of its diseases, and regarding the functions of which, notwithstanding all the advances which have of late been made in physiological science, must yet remain to be ascertained, I think it is evident from the serious and alarming symptoms which occurred.

The attack certainly presented many of the characteristics of epilepsy, which by the ancients was superstitiously ascribed to the malice of demons, or to the anger of their offended deities.

It may perhaps be as well to consider shortly the nature of that disease, to show the analogy which exists between it and the present case. In epilepsy, at the moment of attack, the patient generally utters a loud cry, which, however, did not happen in this instance; neither was the face livid or discolored. In epilepsy the functions chiefly affected are those of the brain, which are *sensation, thought,* and *voluntary motion*. Therefore the temporary suspension of sensibility, thought and volition, together with violent and irregular action of the muscles, which are thus withdrawn from the control of the will, constitute a paroxysm of epilepsy, a good illustration of the fact that when the controlling and regulating influence of the mind is suspended, the peculiar functions of the spinal cord are exercised both in a disorderly and an unusually energetic manner, showing that, although physiologically distinct, these parts are intimately connected with, and dependent upon each other. It is supposed that the cause of an epileptic fit may sometimes originate in the spinal cord, and thence extend to the brain, and *vice versa*. The condition of the nervous matter which induces loss

Digitized by Google

of consciousness, and convulsions, may be various; there may be an alteration in the relative quantities of venous and arterial blood in the head, or there may be some temporary pressure exercising its injurious influence, or there may be a determination of blood to the head, or, lastly, there may be a diminution in the natural quantity sent thither from the heart. Regarding the morbid anatomy of epilepsy, sometimes there may be no alteration of structures either in the brain or spinal cord which can account for the fits. At other times organic disease may be discovered and still not be the exciting cause of the disease.

Foville states that in those who have died in the fit, the vessels of the encephalon are strongly injected, the membranes, the brain, and the cerebellum are gorged with livid blood, which however, he says, must be ascribed to the mode of death, (apnea).

Such, however, would not be a satisfactory explanation, as it is difficult to conceive that the congestion could so suddenly arise and subside again, as it must sometimes do if it be the immediate cause of the fit, within the space of a minute, for example.

What surprised me most in this man's case was the alarming frequency and duration of the fits, continuing as they did almost without intermission for a period of three days, during the whole of which time, with the exception of a few hours, he was in a state of insensibility; but above all, his instantaneous recovery from the very verge of the grave to almost perfect health. These two circumstances taken together lead me to doubt very seriously the possibility of its having been epilepsy, although the attack was certainly of an epileptiform character. I would like very much to hear the views of your readers and correspondents on the case. The man's previous history does not throw much light on the case. I ascertained that for several years he had led a very dissipated life, was day after day, and month after month, in a happy state of oblivion under the influence of that prolific cause, both of disease and crime, whiskey; but for three years previous to the attack he had not tasted spirits of any kind, neither had he ever had a similar attack before. I was also informed that some eighteen months before the attack he had received a severe blow on the head, from which he suffered considerable pain and uneasiness for some time. This, together with his former habits, may have had something to do with bringing on the attack under consideration. JAMES A. FRASER.

Chaptico, St. Mary's Co., Md.

Medical Schools.

Editor MEDICAL WORLD:

Although this is not a reply to a "question," I wish to say a few words upon the letters concerning medical schools. We have always found physicians ready to meet and pass resolutions in favor of higher education, and equally ready to blame the low standard of professional men upon the colleges. But, when these same gentlemen return to their homes, do they show their sincerity by supporting the colleges which endeavor to meet their requirements? Or do they send their students to that school where they are most sure of getting their diplomas in the least time and at the least cost? Before answering, recall the experience of Bellevue, which made a gallant fight for higher education and was forced to abandon it to save herself from extinction. The profession is *not* in favor of higher education. It is in the precise position of the man who was "in favor of the Maine Law, but ag'in its enforcement."

The college which enforces a standard of medical education above that of its fellows, does so at a pecuniary sacrifice which not one of the critics would be willing to undergo.

Nor is it just or true to assert that only motives of self-interest or vanity carry a man into the rostrum. Men preach the gospel from a sense of duty; men, who feel that they have a mission of any sort, to better their fellow-men, enter the law, the editor's sanctum or the lecture field. Is it utterly impossible that a man may become a medical professor with as earnest a belief in himself and in his mission to teach?

Surely, when one looks about at the miserably half-educated men known as physicians, he must admit that there is room for true and earnest teachers.

The man who can see only selfish motives at the bottom of other men's actions, does so because he is incapable of an unselfish action himself. He sees a yellow world who looks through jaundiced eyes.

Instead of carping at the men who found colleges, our friends could do better work by suggesting much needed reforms in the methods of medical teaching.

There are none too many colleges, any more than there are too many dry goods stores, too many blacksmiths, too many mouths to be filled. The competition is useful to all; and some of the greatest teachers in this country have been developed in the smaller colleges. Of course it would suit the great schools if all competitors could be ruled out so that *all* the students, *all* the honors, *all* the emoluments, could be absorbed by them. Then, the fees, which they have forgotten to reduce from the war standard,

Digitized by Google

could be elevated as they wished, and the little cliques, which control such institutions, could equally control the whole profession. But such a state of affairs appears to me unwise, unjust and un American.

Let us have a free field and no favor, and let these live who demonstrate their fitness by earning a living. WILLIAM F. WAUGH, Phila., Pa.

[Dr. Waugh is faithfully fulfilling his "mission to teach" in the Medico-Chirurgical College of this city, where he is Professor of Theory and Practice of Medicine.]

Medical Education in Ohio.

Editor MEDICAL WORLD:

The article "Medical Students" clearly indicates that the doctors themselves are responsible for the educational standard of the profession. Doctors are so anxious to have students, and professors so anxious to have graduates, that almost any one can secure a place in the profession.

Of those who have studied medicine in this city, not one has graduated from the High School; some had just entered it and others have started from the Grammar School; yet they were promptly accepted as students by our practitioners.

Of my graduating class, numbering fifty-five, only two were rejected. One of them was given a second trial and passed. The other would have been given a second trial but he had left. At the same time a "doctor" who had practiced for several years, but who had never attended a course of lectures or made a dissection, asked to be examined and graduated upon payment of the graduation fee. The professors demanded the fees for the full course additional, which he declined to give. He went to another college and graduated, presumably upon his own terms. It was not an excess of virtue that prevented his graduation in the former college; the professors only held themselves at a little higher price.

I know an instance where a young man began the study of medicine in the summer; the next fall he went to a college whose course began in October and ended March 1st, following; February 1st he asked for and received the professor's tickets; then he went to a college whose term began Jan. 1st and ended June 1st, following, and at the end of the course graduated and went home with his diploma as a proof of what can be done by a smart student in a single year.

The fact is, a diploma from the majority of our medical colleges is no guarantee of qualification, and one-half of them only "fill a long-felt want" of the professors for some legitimate way of advertising. ALOPATH.

Medical Education in Ontario.

Editor MEDICAL WORLD:

Having profited by intercourse with the brethren of THE WORLD, it is but fair that I give something in return. I see frequent references made to the question of education, general and technical. From the general tone of your correspondents, things are in a bad way in the country of the Star Spangled Banner. I know the statements to be true from personal observation, having resided and traveled a good deal in the United States. While you have medical men in great numbers, equal in all respects to the best in the world, you have also the greatest number of incompetents. In no country but the United States can ignorant and uneducated men be found *legally* practicing medicine. State government is no doubt the main cause. It prevents united and universal action, and permits a freedom not possible under one authority. In the early history of each State, too, the need of restriction was hardly felt, as men had not yet learned the devices of the quack, nor essayed to live on the power of deception. Cunning and rascality were not then so commonly united as now, hence no one presumed to practice without previous training. Rest assured that so long as the law permits, any number of unqualified men will force themselves on the public, some with a little knowledge and others with no knowledge at all. Under such circumstances the schools are very nigh powerless; most of the candidates for M. D. are poor and will naturally take the shortest cut. One school does it and the other must, and so the evil grows in geometrical proportion. Talk will do but little. The public will not listen and you can never shame quacks out of countenance. But by *action* the doctors of any State can get as good and effective a law as we have in this country, and which I am about to describe. You need go no farther into politics than this: Form county societies and adopt measures to compel candidates for the legislature to sign declarations in favor of the reforms you need. You need not change sides at all; only refuse support except on that one condition—assemblymen are like most laymen; they are indifferent in the matter. But a little pressure of the kind indicated will work wonders.

In this country we have the whole matter in our own hands. If things are not as they should be it is wholly the fault of the professson. About twenty years ago the legislature delegated to the Ontario Medical Council the power to regulate the course of both preliminary and medical education without reservation of any kind. That body is composed of twelve representatives, elected by the registered practitioners

Digitized by Google

of twelve territorial divisions, together with one representative for each medical school and university. Elections are held every four years. The matriculation examinations are held twice yearly. The council accepts in lieu of its own examination evidence of having matriculated in arts in one of our universities. In this way a pretty thorough education is guaranteed. After that a four-year course in medicine is required, and the schools arrange their curricula accordingly. Candidates for graduation first go up for degrees in the universities to which their schools are attached. After that they appear before the terrible examiners of the council, and if found qualified are duly registered in the Ontario Medical Register. Nothwithstanding the long course prescribed a large number is rejected at each examination—one year as high as forty per cent. Yet we have no lack of doctors. Between three and four hundred survived the ordeal last spring. The standard is about to receive another lift, especially as relates to preliminary or general education.

The Medical Council never could have accomplished all this had it not supreme power. The council decides who is fit and who is not fit to be registered. No one who has not passed its examination is deemed qualified. This is a pretty drastic law, but no other would do the work. It would be useless to raise the standard in Ontario so long as the holders of diplomas from other parts of the Dominion or foreign countries were allowed to register. This power has been adversely criticised outside of Ontario, yet I do not know how it could be amended. Foreign students cannot complain of being put on equal terms with our own, while medical gentlemen, well recommended, wishing to locate here, have nothing to fear by appearing before the council's examiners to answer some questions on *practice*. No qualified gentlemen has ever been refused registration. The council is considerate to practitioners who desire registration. Offenders are punished by fine and imprisonment.

Now, gentlemen of the several States of the greatest country in the world, go to work and do likewise. Anything short of the Ontario law will only be a partial success. In a future letter I propose to open a discussion on a subject in which we are all interested—deeply interested I may add. ANGUS MACKINNON.

Alvinston, Ontario, Canada.

Crowding the Profession.

Editor MEDICAL WORLD:

In the number for August of the *Journal of the American Medical Association*, a correspondent from Munich, among other things, alludes to the over-crowding of the profession in that country. He says that steps are now being taken to prevent further over-crowding. The fees of some physicians, the writer says, are most ridiculously low.

The writer predicts a similar state of affairs in the United States, at no far distant future, at the rate that graduates are now being sent out by the medical colleges annually.

The question is now, "What are you going to do about it?" For my part I do not know that I can offer a correct solution of the problem, but it seems to me that diplomas are too easily obtained. I am of the opinion that students should be required to read a year longer than they now do, and that they be required to attend three courses of lectures instead of two. Many students do attend three courses, yet there are others who would attend but one were it not compulsory. I attended three courses of lectures and I do not regret the time and expense. One cannot become too proficient in the practice of medicine. I am still a student, and expect ever to remain one so long as I am in the practice of my profession.

I am in favor of elevating medical education to a higher standard. It can easily be done, and whether or not it is done all rests with the profession itself.

I receive THE WORLD regularly, and consider it the best medical periodical published. It contains more items of practical interest than any other two journals that I have read.

Indianapolis, Ind. E. V. HERVEY, M.D.

[Our solution of the problem is as follows:

1st. Preliminary requirements of good English education, elementary Latin, and thorough proficiency in the natural sciences. The branches of anatomy, physiology, histology, medical chemistry and pharmacy to be taught in a preparatory medical academy or in a preparatory class of the medical college.

2d. A three years' course required after such preparation.

3d. The diploma to be no authority whatever to practice. A license granted by the state after a satisfactory examination, to be the only authority, and subject to revocation for sufficient cause. All colleges are then placed upon the test of the work they do, and are stimulated to do the most effective teaching possible, lest they soon be left with empty halls.

4th. A grade of 95 per cent. grants a license for life. The practitioner re-examined every ten years who does not attain that grade. Less than 60 per cent. considered a failure. Thus the physician who is not an average industrious student would find himself falling behind.

Digitized by Google

The result of this would be that the people would secure better medical attendance, at no greater cost; that the profession of medicine would retain its position as a learned profession; that the studying, thinking members of the profession would share in the benefits of this true elevation of the professional standard.

J. J. T.]

Supernumerary Glands—Parasiticide—Cod-Liver Oil Emulsion.

Editor MEDICAL WORLD:

Liza F., a bright mulatto, has, in addition to well-developed mammæ and nipples, another set of smaller nipples and corresponding glands, which secrete milk abundantly during lactation.

The smaller nipples are situated about midway, and in a direct line drawn from the larger nipple to the acromion.

I have had the most satisfactory results from one application of the following solution in killing the pestiferous pediculus pubis and destroying the ova.

℞ Hydrarg. bichlor.....gr. iv
Aquæ.....f℥ j
M.—To be cautiously applied.

The following emulsion of cod-liver oil can be tolerated by the weakest stomach, and is not unpleasant to any. It does not become rancid, and, if properly made, is a permanent emulsion:

℞ Olum morrhuæ.
Syr. calcii lactophos.....āā ℥ ij
Lactopeptine.....ʒ iv
Acid mur. dil.....f℥ ij
Pulv. acaciæ.....℥ j
Aq. cinnnam.....q. s. ad f℥ viij
M. et. ft. emulsion.
Sig.—Tablespoonful (or more) after meals.

Jackson, Tenn. W. F. ROCHELLE, M.D.

Child Marked in Utero.

Editor MEDICAL WORLD:

On the morning of Oct. 4, I delivered Mrs. S. of a female child. Occiput presented to the right sacro-iliac symphysis. Labor was normal. The child had upon its back what resembled a blister, reaching from the crest of the ilia to the permanent ribs, being about two and one-half inches in diameter. Was covered with a semi-transparent membrane. Contained bloody-looking serum, about one-half ounce. The upper and lateral parts were bordered with hair of the length and thickness of eyebrows of an adult. Edges are thick and indurated. Between one and two months before confinement the mother was blistered on the right side, midway between the umbilicus and the crest of the ilium. Three months before confinement she was treated for a specific vaginitis, but considered herself cured before the commencement of parturition. I would like to hear from the profession, through the columns of THE WORLD, their idea of the cause of the blister. Is it possible that a blister upon a woman's skin may also blister a child in utero? or was it due to the vaginitis? The blister is drying up under a dressing of glycerite of tannin.

Shingle House, Pa. W. H. TASSELL, M.D.

To Make Essence of Spruce.

Editor MEDICAL WORLD:

Since the essence of spruce, spoken of by me in an article on lumbago in September number of THE MEDICAL WORLD, is not an officinal preparation, and having received so many letters of inquiry as to the manner of making the preparation used by me, I would say to any one who might desire to try the essence of spruce in lumbago and unable to obtain it at their drug store, that the preparation used by me was made after the formula for making most essences, viz.: Oil of spruce, ℥i; alcohol, Oj, or 30 drops of the oil to an ounce of alcohol, which is about the same proportion.

Enfield Centre, N. Y. L. T. WHITE, M.D.

Treatment for "Scabies" and "Tetter."

Editor MEDICAL WORLD:

In the August number of your journal Dr. Darnell asks for treatment for scabies and tetter of the scalp. I have prescribed for scabies probably one hundred times during the last two years, and do not remember of ever failing to cure a case with one prescription. I put every case upon napthaline, usually in this form and of this strength:

℞ Napthaline.....ʒj
Vasaline.....ℨj
M. Sig.—Apply thoroughly night and morning. Before the ounce mixture is used the case is cured.

I have also had good success in cases of tetter with balsam of Peru, and usually prescribe it in this way:

℞ Bals. Peru.....ʒj
Vasaline.....ʒvj
M. Sig.—Apply every four to six hours.

J. B. HOSKEN, M.D.

Grand Rapids, Mich.

A Valuable Remedy in Acute Dysentery.

Editor MEDICAL WORLD:

I desire to call the attention of the medical brethren to the valuable remedial properties of carbolic acid in the treatment of acute dysentery. I think it is a remedy very little used by the general practitioner in that disease, and a more valuable one I have never found. I have been reading THE WORLD and several other

Digitized by Google

medical journals, but have never seen anything on carbolic acid in the treatment of dysentery. It is slightly mentioned in Naphey's Medical Therapeutics. I used the liquid carbolic acid No. 4, prepared by F. C. Calvert & Co., of England, in about the following prescription:

℞ Liquid carbolic acid No. 4, ...ʒ ss
Glycerine, ...ʒ ij
Water, ...ʒ iss

M. S.—Take one teaspoonful every three or four hours until relieved.

Columbia City, Fla. J. L. NIBLACK, M. D.

Reply to Dr. Ferrin—Acute Metritis.

Editor MEDICAL WORLD:

I give the following in reply to Dr. Ferrin's question in September number of THE MEDICAL WORLD, page 343, "What is the matter with her? Please give me your diagnosis, prognosis and treatment."

Diagnosis, acute metritis. Prognosis, favorable if seen at stage you mention, and is promptly and properly treated. In severe cases there are additional symptoms. Acute metritis after delivery is frequently caused by exposure to cold air, or a draft of air blowing upon or over the patient; by the mother getting up or otherwise exercising too soon after parturition; by changing her apparel, and allowing cool air to come in contact with her body, when her system is relaxed and in a perspiration. Symptoms, increased temperature, acceleration of pulse, ranging from 140 to 160, dry skin, headache, swelling with pain and tenderness in hypogastric regions, generally total suppression of lochia at the time, sometimes only partial suppression, as in Dr. F.'s case, without sepsis; in other cases there may be discharges with sepsis.

Treatment:—I discard phlebotomy and blistering. I regard bleeding in such cases as absolutely criminal practice; the patient being generally ex-sanguined from loss of blood consequent on parturition.

To bleed as recommended by some authors will lessen her prospects, if it does not place her beyond a possible chance of recovery, by draining her already depleted system of that vital fluid which is essential to life. I also discard digitalis, aconite and veratrum viride.

Administer the following:

℞ Quiniæ sulph.....ϑ ij
Pulveris ipecacuanhæ comp.....ϑ j
Pottass. bromidi.....ʒ j
Piperini.....grs. iv

M.—Et div. in chartulas viii.

S.—Give one every hour until the patient perspires freely, then once in three hours until the pulse and temperature are normal.

Apply fomentations over hypogastric region as hot as can be borne and not blister. Hops steeped in cider vinegar are preferred for local application. Fomentations, to be succes ful, must be thorough. If there is septic lochia, use carbolized water, carbolized glycerine and water or bicloride of mercury, 1–2000 for vaginal injections; where no sepsis is present use no vaginal injections. Keep the extremities warm with hot flannel cloths. Allow no cold to come in contact with the patient. Have her food and drink hot. Her drink should consist of gum Arabic mucilage, slippery elm bark mucilage or flax-seed tea, either of which she can use freely. Her diet should consist of tapioca, farina, arrow root or rice, with raw eggs and milk punch.

Allison, Iowa. JEROME BURBANK, M.D.

Injury to Spine.—Diagnosis Wanted.

Editor MEDICAL WORLD:

Please give me diagnosis and treatment for the following case in your next issue:

Child, age fourteen months; the nurse let it fall from her arms upon the back; since then the child carries head to one side. A fulness is noticed at the point of the third cervical vertebra, no curvature of the spine, difficult to hold its head erect at times. The spinous process are unusually prominent.

The child presents a scrofulous appearance, pendulous abdomen, small legs, etc.

Have advised sponging spine with tepid salt water, plenty of rubbing with stimulating embrocations, and treatment by syr. ferri iod. and syr. lacto phos. calcis, and emulsion of cod-liver oil.

Would it be advisable to apply a plaster-of-paris jacket? The parents are very anxious about the child, so please give me your advice and treatment. J. FORMAN PINEO.

Chester, Nova Scotia.

[Reply from one who has given spinal diseases special attention will be given next month.—ED.]

Diagnosis and Treatment Wanted.

Editor MEDICAL WORLD:

I would like your diagnosis and treatment of the following case: Patient, female; age, 30; single. Tired, haggard look; no appetite. Pulse 80 and feeble. Temperature normal. Complains of pain in back, abdomen and head; pain not localized in any of the three places. Pain in head is severe, so is compelled to keep bed about three or four days per week; not relieved by morphine. Has leucorrhea. Spine not tender to pressure. Complains frequently of nausea; never vomited but once, then was at the seashore about a month ago; first vomited breakfast, then came brown, green and yellow, as she described it. She did not notice whether it was pus or not. Did not

Digitized by Google

leave any unpleasant taste in mouth after vomiting. I might say she has no cough. Feet swell, but only after being on them during the day; swelling all gone in the morning. Urine, specific gravity, 1020. No albumen nor anything abnormal except phosphates, which are double normal quantity.

I have given you all the symptoms I can think of. If my description is not clear, will gladly improve on it. The pulse and temperature I gave were during an attack of severe headache.

Several have asked for formula of Dr. Seth Arnold's Cough Syrup. Please to publish it, as I had a case that closely resembled opium poison from taking one-third of a bottle of it.

Martinville, N. J. E. E. CONOVER, M.D.

[Can any one send us the formula?—ED.]

Typhoid Fever and Notes.

Editor MEDICAL WORLD:

I have been much interested in Dr. Higgin's questions and Dr. Sites' answers, and would like to make some comments on them.

1. The eruption is so often absent, and so variable in amount that very little dependence is to be placed upon it. I have seen many cases without a single spot, and others covered from chin to legs, and yet no difference in the progress or result.

4. The headache is occipital, vomiting often absent and epistaxis often present.

5. Many cases run but three weeks, convalescence may be long or short, from a week to a month or more.

6. Many epidemics in New Brunswick do not kill more than 5 per cent.

25. 104° to 105° is very frequently not reached. 101° to 103° is much oftener met with in this Province.

A typical case that I kept full notes of in a man aged 60, who worked for about a week after he ought to have been in bed, had a pulse of 100 and temperature 103° F. in the morning and 96 and 104° in the evening, the day after taking to bed and riding 200 miles in the cars. Next day they were, morning, pulse, 80, temperature, 100°; evening, pulse, 96, temperature, 101°. And they ranged from 80 to 100, and temperature 99° to 103°, from Sept. 23 to Oct. 27, when both became normal.

He recovered perfectly in two months after the fever left. I may say he had a relapse about the end of the third week. And this is a fair sample of many I have attended.

27. Profuse epistaxis will produce a fall in temperature.

I had a case this year in which nose bleed that required plugging and ergot to control, reduced the temperature, during the first week, from 103° to 101½°, and a profuse hemorrhage from the bowels in the second week reduced it from 102° to 100.75°, but it soon rose again as high as ever. He recovered.

44. Also give turpentine in 5 to 20 drop doses every 3 to 6 hours, in gum water or syrup.

53. Also give calomel in one to three grain doses.

61. Also carbonate of ammonia.

The food of a typhoid patient should be regulated with even more precision than the medicine. Milk, raw fresh eggs, meat juice and cracker gruel should be so alternated that disgust be not produced or the bowels irritated by undigested curd, etc.

I hope more attention will be given to common cases, for many a time are we puzzled by conditions which do not constitute a real disease, more than by many a serious inflammation or fever.

I can confirm the experience of Dr. Lewis that the tr. lavendulæ co. is useful in kidney trouble, when the urine is cloudy and loaded with urates. I had excellent results in the case of a nervous lady whose kidneys were always getting out of order. I gave the lavender for the nervousness, but soon found so much improvement that I have repeated it from time to time with great benefit.

Dr. Ferrin's "nut" cracked.—In one case of mine, the "nut" was the start of a mammary abscess, which "bealed" in spite of treatment. In another, it was circumscribed peritonitis, at a point where there had been a sore spot for a long time before delivery, and, indeed, before pregnancy occurred. Hot turpentine stupes, a dose of quinine and opium, soon cured her, and she got well in a week.

Generally there is acute inflammation at some point about the uterus or breasts, when there is no septic trouble. A purge of calomel with quinine, then opium, will almost always arrest the trouble, if seen at the onset.

T. W. MUSGROVE, M.D.

Carleton, St. John, N. B.

Report of Dr. White's Case.

Editor MEDICAL WORLD:

My patient, Mr. Lewis, who was stabbed July 7th and noticed by you in September WORLD, has been out walking around for the past ten days. The wound has granulated nicely, and I have not had any trouble with it since my last report. He still complains of a tender spot in the right iliac region. I do not see anything to prevent him from resuming his position as mate on the lightship in a few weeks.

R. W. WHITE.

Chincoteague Isle, Va.

Digitized by Google

Therapeutic Indications.

Editor MEDICAL WORLD:

Will you allow me to suggest to Dr. White that he will put to the test my assertions, that the red tongue asks for an acid, and the white fur with pale mocous membrane for an alkali. It is a matter which can be very easily settled. WM. W. MURRAY, M. D.

Suffolk, Va.

Fowler's Solution for Nervous Condition of Menopause.

Editor MEDICAL WORLD:

In October number of THE WORLD, Dr. W. R. Godfry wishes to know if there is such a thing known as a remedy for "hot flashes that are so troublesome to ladies during change of life." I would say that perhaps there is no specific for this unpleasant difficulty, at least I know of none. But having seen Fowler's Solution, in from 3 to 5 drop doses three or four times a day, recommended in one of my medical journals a few years since, for the nervous symptoms accompanying the period of the meno pause, I can truly bear testimony to its good effects in several cases for which I have prescribed it, and would say to Dr. Godfry that I think it a remedy well worthy of trial in those cases. L. T. WHITE, M.D.

Enfield Centre, N. Y.

One Cause of Convulsions.—Cure for Dysentery.

Editor MEDICAL WORLD:

In answer to Dr. Deckshaff, in last issue of THE WORLD, I have a case to report. Miss ——, of this city, 4 years old, had convulsions frequently for two years, preceded each time by great nervousness and fever, and a swelling in right side of the bowels. Had various treatments; no benefit. She drank slough water out of a tin can, two years before, followed in about a month by the convulsions. I gave three powders containing one grain of calomel each. In twenty-four hours she passed a full grown crawfish. The fish was perfect, the claws were well formed, but seemed never to have been opened. Its color was white; the shell very soft. Its feelers were greatly enlarged, as was also the end of the tail; one claw was broken off midway; the legs fimbriated. The child is well now, and has had no convulsions since the passage of the fish.

Also, Dr. Hudson asks for treatment of dysentery. During the last four years I have cured my cases of chronic dysentery by the bulb of a plant which grows in this country only on wild, open land. I have never been able to learn the name of this plant. I gather it in August, and can always tell it then by its beautiful blue flowers. It is very scarce. I have only been able to find about twenty bulbs this fall. I administer the bulb in powder, and also in tincture. The bulbs have an aromatic smell and taste, and lose their strength by long exposure to the air. I should be very glad to send a bulb of this plant to THE WORLD if I could thereby ascertain its name and order.

Des Moines, Iowa. R. L. STUART, M.D.

[Please send complete plant, with flowers. A small specimen will do.—ED.]

How to Remove Tough Accumulations in Throat, Trachæ, Bladder, etc.

Editor MEDICAL WORLD:

On page 360, Oct. No., under the head of "Devotion and Duty," it is stated that Mr. W. C. Lysaight, of the Bristol Royal Infirmary, England, sacrificed his life in an effort to save a patient, by applying his lips to a tracheotomy tube, and sucking out the mucus which choked it. A much more effectual means of removing the accumulation would have been to have taken a hard rubber syringe of sufficient capacity, and around the end of the nozzle stretched a band of soft rubber tubing, then by applying this end firmly over the mouth of the tracheotomy tube, so as to exclude the air, the contents could have been sucked out with more force than by the mouth, and without danger to the life of the operator. I have emptied the bladder in this manner through a silver catheter when distended with firm, clotted blood.

W. B MORRISON, M D.

Chattanooga, Tenn.

For Psoriasis.

Editor MEDICAL WORLD:

The following treatment for chronic psoriasis has given me good satisfaction.

℞ Chrysarobini.....gr. xxx
Acid salicylici.....gr. xx
Collodion.....℥i

M.

This is applied to each spot and the application is repeated every two or three days until the scaling and infiltration have disappeared. Used in this manner it gives rise to very little if any irritation around the spots, and the clothing is protected in great measure from stains.

For internal treatment, if arsenic is contraindicated, I should use phosphorus in doses of $\frac{1}{64}$ to $\frac{1}{32}$ of a grain. Its effect, however, should be carefully watched, and its administration suspended on the slightest indication of gastric intolerance. Dr. MATTNER.

San Francisco, Cal.

Digitized by Google

For Psoriasis.

Editor MEDICAL WORLD:

E. Maguire, of California, asked for a cure for psoriasis. I will take the liberty of giving one that has never failed me. I have cured a case of seven years' standing. It is pleasant in acting, causing but little if any pain. After using for a while, if it should cause a general itching of the skin, use it less frequently. The only disadvantage in its use is that it blackens the skin where applied, but as the skin becomes sound this discoloration disappears.

℞ Pyrogallic acid.....3ij
Vasaline.....3ij

M. ft. ung. S.—Apply to part affected twice a day, using but little at a time; and rubbing well, but gently, the part affected.

Please give me a formula for chronic constipation that will be effectual and pleasant to take.

Damascus, O. A. M. AILES, M. D.

[We republish the following "Laxative Sugar" from an old number of THE MEDICAL WORLD:

℞ Sod. et. potass. tart.....3ij
Potass. bitart.....3j
Acidi tartarici.....3j
Olei limonis.....gtt x
Sacch. alb. pulv.....lb ss

M. S.—One or more heaping teaspoonfuls in a glass full of cold water on rising. Gradually reduce the dose until finally the water itself will have the desired effect. Establish the habit of going to stool at a *certain hour* after breakfast every day, even when there is but slight inclination, and secure an evacuation in some way, even if a flaxseed infusion or soap and water injection has to be used the first few mornings. Nature will soon adapt herself to the habit. ED.]

Fetid Feet—Nervous Irritability—Urticaria.

[By Prof. A. S. Gerhard, A. M., M. D., of the Medico-Chirurgical College.]

Editor MEDICAL WORLD:

Dr. Robert Reddish, page 387, inquires for a remedy which "will stop the incessant sweating and fetor of the feet." Trouessart (Microbes, Ferments and Moulds, page 232), says: "In a sweating foot, of which the smell is so offensive, Rosenbach found a short, thick rod, which is at once aerobic and anaerobic, is rapidly developed, and retains its offensive smell when cultivated," and gives an illustration of its microscopic appearance. Assuming that the condition is due to the presence of Rosenbach's bacillus, an efficient germicide is the remedy indicated. A strong decoction of white oak bark has in my hands answered in a few cases. Two or more paintings with Lugol's solution, repeated daily, does better. A strong solution of potassium permanganate cures the majority of cases. Next to infallible is a solution of corrosive sublimate, 1–1000 or stronger. Remedies that I have never tried also suggest themselves: phenol sodique; carbolic, boric and salicylic acids; iodoform, removing one stink by outstinking another; or if a more aromatic microbicide is desirable, why not try thymol or encalyptol or listerine. Paring and scrubbing the toe nails must not be forgotten.

With regard to the doctor's other question, "what is good for fidgets?" (same page), allow me to answer, without inquiring as to temperament, diathesis, idiosyncracies, presumable pathology, or etiology, that a pill, containing each one grain of valerianate of zinc, iron and quinine, given three times a day, with a full dose of potassium bromide at bedtime, if necessary, has given me the best satisfaction.

Cases of urticaria, such as that about which Dr. L. M. Mays inquires (page 387), can, as a rule, only be benefited by instituting such a change in the dietary as will practically amount to a complete revolution. Let the diet to be instituted be as nearly as possible the antithesis of the present regimen. The cure, however, is often harder to bear than the disease. I have seen great good in cases of *pruritis senilis* follow the typical application of good cider vinegar.

Philadelphia, Pa. A. S. GERHARD, M.D.

Professional Fees and Replies.

Editor MEDICAL WORLD:

Dr. E. J. Palmer (page 374, October WORLD) desires to hear from country doctors. I will give my experience. Dr. P. certainly lives in a "Paradise," where I should not care to practice. It was my impression that physicians in this vicinity were paid less for their services than anywhere else. As Dr. P. says: "People have been taught such a slack way by the older physicians, who practiced fifty years ago, but times have changed." I found uphill work at first to collect promptly, but in the few years I have practiced here most of my patrons have learned to pay their bills in from one to six months. We have the usual number of dead beats, who never pay a bill. For such I have little sympathy. My bills are in the shape of a quarterly statement, interest added after six months, and if not paid in one year I send a polite note, saying that in future they may employ other attendance.

My fees are as follows: Office consultation, 50 cents to $1 00, medicine included; visits within half mile, $1.00; beyond that distance, 25 cents per mile additional; obstetrical cases, $10 to $15, including two visits on second and fourth days. As fractures or dislocations vary greatly, the fees are in proportion, from $5 to $50. Night work always double the usual charge.

Digitized by Google

Dr. Purdy (page 375) does not describe his case sufficiently to make an accurate diagnosis, but I think it may be a mild case of *petit mal.* If Mrs. W. lives in a malarious district she may be affected more in spring and autumn. As his patient is healthy and robust, there must be some reflex irritation or cause that produces these attacks. Have treated cases similar to this, and also of pure epilepsy, successfully with something like the following, modified or changed to suit the patient:

℞ Zinci oxidi.....ʒ ij
Ext. belladonnæ.....grs x
M. Et ft. pill no. lx.
Sig.—One pill morning and night.

Also,

℞ Potass. brom.....
Sod. brom.....āā. ʒ vj
Aquæ.....fʒ ij
Sol., Fowler.....fʒ ij
Tinct., Huxam.....fʒ iij
Syr. simp.....fʒ ij
Ol. menth. pip.....gtt. x

M. Sig.—One teaspoonful in water t. i. d. The last dose to be taken at bedtime, and may be doubled.

For anemia or bromism give cod-liver oil, phosphorous or quinine.

I have some cases of indolent ulcers of the extremities which defy routine treatment. Would be obliged if some one will give assistance.

L. J. PONS, M. D.

Roxbury, Conn.

Professional Distinction.

Editor MEDICAL WORLD:

The suggestion of Dr. I. H. Stearns, in THE WORLD of September, that doctors ought to be readily recognized by some peculiarity of dress is, I think, a good one. Instead, however, of having this peculiarity include a full suit of clothes, and, to be of practical value, overcoat and hat as well, I think there are many reasons why it would be more practicable to limit it to one article of apparel. From its conspicuous position I would suggest that the hat be of some original style or color; perhaps olive-colored, as the doctor suggests. Let others express their opinions through THE WORLD.

Westford, Ct. WM. RICHARDSON, M.D.

Antipyrine in Headaches.

Editor MEDICAL WORLD:

I have had good success in the treatment of headaches with antipyrine in ten grain doses. Let Dr. Barrett try the above.

Geyserville, Sonoma Co., Cal. J. H. U.

[We would suggest that the efficiency of the treatment would depend largely upon the cause of the headache.—ED.]

Traumatic Injury.—Impotency.—Ulcers.

Editor MEDICAL WORLD:

Dr. Engell reports a case in Sept. WORLD of a heavy wagon passing over a boy, and gives description of the case. On the 18th of July, a messenger came to town in great haste, saying a little boy four years old had fallen from a wagon containing fifty bushels of wheat; that the wheel had passed over both legs, and they were both broken. Dr. Roper and myself drove out to see him at once, and, strange as it may seem, the hind wheel had passed over the legs lying on smooth ground in the hard road about midway between the knee and ankle, and yet had only fractured the fibula of the left leg. He was running about all right in three weeks.

Under the heading of "Treatment Wanted," in last Oct. (1886) WORLD, I described a patron of mine who feared impotency, and asked for suggestions. The answer given by the Editor left nothing for the brethren to say, and so I could give my patient but little encouragement; but shortly after I received a letter from a brother practitioner away out West, in reference to the case, who suggested that I put the patient on damiana and phosphorus, which I did and with satisfactory results, as my patron tells me that he enjoys life as in his younger days, and that his wife is seven months gone in pregnancy.

If Dr. Ross will try the following for chronic ulcers, I think he will not have to look any farther.

Take of

Pulv. capsicum.....ʒi
Gum camphor.....ʒss
Dilute alcohol.....Oij

M. S.—Apply freely.

Sarcoxie, Mo. S. W. HOPKINS, M.D.

Reply to Dr. Ferrin.

Editor MEDICAL WORLD:

In Sept. No., Dr. Ferrin, of Valley City, Dak., gives "a nut to crack." As to "what is the matter with her," it is our opinion she is suffering from impairment of the blood, from absorption of decomposing matter within the vagina and uterus. If this existing pathological condition is not corrected, and at once, puerperal fever would be the diagnosis we should make. Prognosis depends in a great measure upon the environment of the patient. To make our meaning clear, we will quote Prof. Meigs:

"If the nurse allow the precious moments of the forming stage to elapse before the alarm is taken, or if the physician, through inattention or failure in making the diagnosis, pursues, in the beginning, a feeble or erroneous practice, no human skill, sagacity, nor devotion can be

Digitized by Google

relied upon to rescue the victim, who has already begun to die before the first hand is extended for her rescue." If the initial lesion is early recognized, and promptly and properly treated, the probabilities are the patient may recover.

Treatment: The abnormal temperature, high pulse and headache, calls for a re-establishment of secretion, and they are the prominent indications of treatment. It may be accomplished by those remedies that control the circulation; veratrum, if the pulse is full and bounding; aconite, if the pulse is weak and feeble; gelseminum may be given with either of the above remedies if there is determination of blood to the head, marked by the flushed face and contracted pupil. Cimicifuga racemosa seems to have a good effect in re-establishing the lochia. Local treatment is of the utmost importance; cleanliness of the parts above all things; injections of warm water twice a day; for an antiseptic wash, a saturated solution of potass. chlor., if there is fetor in the discharges; pulv. borax has a good record in this direction. Carbolic acid and corrosive sublimate are powerful agents, liable to do harm on account of irritant and poisonous qualities. Such is an outline of the management in our hands of the case that Dr. Ferrin describes.

Hyde Park, Mass. J. P. BILLS.

Reply to D. U. D.

Editor MEDICAL WORLD:

I am of the opinion that nothing could have saved your patient, and I fully agree with the editor—never disturb the bowels in a case of this kind. If you had a case of peritonitis you would never think, I am sure, of giving a purge, and why do so when you have an injury of the bowels? Rest is your sheet-anchor every time. About a year ago I was asked to make an autopsy in a case somewhat similar. A little girl was out in the yard with her father when a colt came towards her and struck her with both hind feet in the chest and abdomen; she died in a few hours. There were no external marks of violence, with the exception of a slight discoloration at the front of the chest, on the right side. I at once opened the thoracic and abdominal cavities. In the chest I found nothing abnormal, but on examining the abdominal cavity I found extensive peritonitis. This to my mind would not produce death in so short a time, so I next made a careful examination of the intestines, and on the posterior surface of the abdominal cavity found a rupture of small intestines. We could only account for this by the same manner in which we account for fractures of the skull, viz., by transmitted force.

Nothing could have saved this patient, and I am inclined to think if you had been given the opportunity to examine your case you might have found something of this nature.

Saxton's River, Vt. J. SUTCLIFFE HILL, M. D.

For Indolent Ulcers.

Editor MEDICAL WORLD:

In your September number, among the queries, a "Treatment for Old Sore Legs" was asked for.

I use dry calomel, applied freely or spread on thick, and over this absorbent cotton and bandage; no ointments, unless a little vaselin and occasionally a poultice of ground elm at night. G. M. TEEPLE, M. D.

Bridgeport, Conn.

Antipyrine In Fever.

Editor MEDICAL WORLD:

Please say to J. I. T. Long, M. D., that if he will follow up the quinine with large doses of antipyrine that he will have most pleasing results in his cases of typho-malarial fever. I usually combine it about as follows:

℞ Antipyrine.....3ij
Acidi citrici.....gr.xij
Aqua dest.....
Syrupi limonis..āā.....f℥j
M. et. ft. sol.
Sig.—Give 2 teaspoonfuls every 2 or 4 hours.

R. C. WALKER, M. D.

No. 1210 Dodge St., Omaha, Neb.

Treatment of Ulcers—A Good Cathartic.

Editor MEDICAL WORLD:

In the September number of THE WORLD, Hugh Ross, M.D., of Lincoln, O., asks for an efficient treatment for old sore legs.

My treatment for more than thirty years has been very simple and satisfactory. It consists in cleaning the ulcers with yellow wash or black wash or carbolic acid (the first prefered), and bandaging the leg from the toes to the knee with bandages, 2½ to 2¾ inches wide, made from good firm sheeting partly worn until it is soft and pliable, but firm. I bandage very tightly and evenly, covering the sores with cotton wool or absorbent cotton, making a somewhat thick pad of the cotton, for the purpose of pressure and absorption of discharge. I feel confident that this treatment will heal nine-tenths of such cases.

Elastic stockings are of very little good. It will require from five to seven yards of bandage, according to the length and size of limb. I venture this much because I am acquainted with some practical surgeons who do not seem to appreciate the importance and value of proper bandaging. It is the *sine qua non* to success-

Digitized by Google

ful treatment of these otherwise troublesome cases.

A prescription for a pleasant, efficient and cheap cathartic is solicited by J. H. Myres, M. D. After more than thirty years experience I have no desire to look for a better than the following, especially for parturient women:

℞ Alex. sennæ pulv.....ʒ j
Jalapæ.....ʒ ss
Menthæ piperitæ fol.....ʒ ss

M.S.—Make one-half gill of tea with gr. xl, or a large teaspoonful of the powder, by infusion, for one dose, repeat in from three to eight hours, according to the urgency of the case. It is pleasant to take; seldom ever gripes.

W. R. GRISWOLD, M.D.
New Hartford, N. Y.

Prompt Returns.

Editor MEDICAL WORLD:

Please allow me space to thank Dr. Mattner for his article in Sept. WORLD on carb. lithia. But for it I should have lost a case which was hourly growing worse. Will give symptoms of case. Pain in vesical region, frequent desire to void urine, with painful scalding sensation, nausea and cold perspiration, muco-purulent urine. Had used morphia, belladonna, flaxseed tea, warm hip baths, etc. Patient hourly growing worse. Saw article in WORLD. Telephoned for carb. lithia. Gave four grains and in less than half an hour patient began to improve. Gave only two doses of four grains each four hours apart. Have never given a dose of medicine in a long practice with as much satisfaction. That one article has more than paid what the WORLD costs.

Tom's Brook, Va. W. S. CLINE, M D.

Electro-Therapeutical Department.

Conducted by CARL SEILER, M.D., 1346 Spruce Street, Philadelphia. Instructor in Laryngology and Lecturer on diseases of the upper air passages at the University of Pennsylvania. Chief of the dispensary for diseases of the Throat and Nose at the University Hospital, Member of the Am. Philosophical Society, of the Phila. Electrical Society, the Academy of natural sciences, etc., etc. Cases, questions or views upon electricity in medicine are invited.

Beside the single fluid batteries mentioned in the last No. of THE WORLD, which may be considered as types, there is a great variety of modifications of these in use, some of which are patented, as for example: The already mentioned chlorine cell with its exciting fluid, the Partz battery in which chloride of ammonium or sodium with chromic acid is used, and several others which it is needless to mention here individually, as they are all constructed on the same principle and differ only from each other in the method of construction and the use of exciting fluids.

There is also a great variety of batteries in the market which are patented on account of their mechanical construction, which differ mostly from each other in the method of immersing the plates in the exciting fluid, which latter is usually the bichromate of potash and sulphuric acid solution, and also in the manner in which the plates are connected to the terminal binding posts. Of course space forbids entering into a detailed account of these different batteries, but enough has been said to enable the intelligent reader to select a battery from among the large number on the market, which suits his requirements best.

The Faradic Battery or Induction Apparatus.

The induction apparatus or medical battery, or Faradic battery, as it is indiscriminately called, is the apparatus most commonly used in medical practice and it is referred to, as a rule, when a writer speaks of having applied the battery in a case. It is somewhat complicated in its construction; but if the reader will closely follow the description we hope to be able to make the principle upon which its working is based clear to him and enable him to understand the application of the different details seen in these machines.

It is a well known fact, which has already been referred to, that if a current of electricity flowing in a wire be interrupted by breaking the circuit, a momentary current is developed in another wire which lies close to the first one, but which is insulated from it and has no connection with it or the battery; and also that another momentary current is developed in the second wire, which flows in the opposite direction at the instant at which the circuit is closed in the first wire. For some unknown reason the current developed by the break of the circuit is the stronger of the two. This phenomenon is called Induction, and the first wire through which the current from the battery is sent is termed the primary wire or circuit, while the second wire, in which the to and fro current is developed, is called the secondary wire. If the primary circuit is interrupted by makes and breaks, as they are called in electrical parlance, many times in a second, an apparently continuous current of induced electricity is developed in the secondary wire, which is felt by the patient, and is capable of exciting muscular contraction. That terminal, or pole, in whose direction the induced current flows at the moment of the break in the primary circuit, is felt to be the stronger of the two and is usually called the negative pole; but, as will be seen, in reality the induced current has no polarity. It is also a fact that if a piece of insulated wire is wound spirally around a tube

Digitized by Google

of wood, paper, or other non-conducting material, and a current from a battery is allowed to flow through this spiral, the current gains in intensity, which gain is materially augmented if a bundle of soft iron wire is inserted into the tube. And finally, it has been observed, that the induced current becomes the stronger the longer the secondary wire is, and the more of it is in close proximity to the primary wire.

Bearing these facts in mind, the reader will, we trust, have no difficulty in following the description of the construction of the Faradic apparatus which is as follows: A spool of wood, having but a thin partition between its outer surface and the tube, is first wound with a piece of well insulated copper wire of considerable thickness in such a manner that the single spiral windings lie close together, and from four to six layers of spirals are superposed upon each other, so that when the current passes through the wire it runs backwards and forwards over the length of the spool. The resistance of this coil is usually about 5 Ohms. The tube of the spool is then filled with a bundle of soft iron wires, and one end of the copper wire is fastened to a binding post thus forming one of the attachments for the battery. The other end is wound, also in a spiral, around a small piece of soft iron, thus forming a small electro-magnet, and terminates in a small steel spring which carries on its end the armature for the magnet. This spring is fastened at the side of the electro-magnet in such a manner that it can vibrate, and that the armature comes directly over the soft iron core. The vibratory excursions of the spring are regulated by a small set-screw, against the end of which the middle of the spring strikes in its upward excursion and is separated from it by an intervening air space in its downward swing. The set-screw is connected through a wire with a second binding post, which forms the other terminal for the attachment of the battery. When the battery is attached, the current will flow first to the binding post in connection with the set-screw of the vibrator, as the spring carrying the armature of the electro-magnet is called, through the spring to the wire of the electro-magnet, and through the coil around the spool to the other binding post back to the battery. As it completes this circut however, it causes the iron core of the electro-magnet to attract the armature on the end of the vibrator, and thus draws the spring away from the set-screw which breaks the current. Since the core of the magnet looses its attractive power the moment the current is interrupted, the armature is released and the resilliancy of the spring carries it up to make contact with the set-screw and thus completes the circuit again. In this way the spring is set in rapid vibration, and the circuit is automatically interrupted many times in a second. An arrangement like this is used in the ordinary electric bell, in which the clapper of the bell is attached to the vibrator, and thus sounds the small gong by striking its rim with every downward movement of the vibrator.

The secondary wire, in which the induced current is generated by the interrupted primary current flowing through the coarse wire, is also wound in a coil upon a spool, into the tube of which the primary coil is inserted; or, more commonly, it is wound upon the same spool, having a piece of thick paper intervening between the primary and the secondary wire. This latter is a very thin, well covered copper wire of great length, so that from ten to fifteen layers are placed upon the spool, and it offers a resistance of 100 or more Ohms to a direct current from a battery. The ends of this secondary wire are carried to two binding posts, which form the terminals for the attachment of the cords and electrodes.

The induced or Faradic current generated in this secondary wire coil may be varied in intensity by interposing a tube of tin or brass between the bundle of soft iron wires, forming the core of the primary coil, and the wooden partition of the spool, so that when the entire length of the core is covered with the tin tube the induced current is weakest, and grows stronger as the tube is gradually withdrawn and more of the bundle of wires is exposed to the influence of the primary current. In some of the better class of Faradic batteries the different layers of the secondary coil are tapped, so as to reduce the length of the secondary wire and still more graduate the current strength. The same thing is done with the primary coil, and thus the operator can use an interrupted direct battery current of varying strength for his applications. In the older forms of such machines the different ends of the tappings of both the primary and secondary coils were carried to different binding posts, which were then marked "primary 1, 2, 3;" and "secondary 1, 2, 3, 4," making nine binding posts for the cords, and two for the battery attachment. In the more modern batteries this is accomplished much better and more neatly by switches, which are set to the point desired, and thus the current of whatever strength, primary or secondary, has its terminals in the same binding posts. A single cell of either the Smee, Grenet, or Lechlanche type of battery is generally used to produce the current in the larger machines, while in the small pocket batteries either a small zinc and carbon cell with an exciting fluid composed of a solution of sulphate of mercury, or a sealed

Digitized by Google

cell of zinc and chloride of silver elements with an exciting fluid of chloride of zinc, ammonia, or sodium solution is used.

Answers to Correspondents.

M. T. requests an answer to the following question: "What is the *modus operandi* of treating goitre with electricity?" Answer: In the treatment of goitre as in the treatment of tumors situated in other portions of the body, electrolysis is employed to cause absorption of the neoplasm or cyst, by decomposing it into its elements, and thus facilitating absorption. If the goitre is solid, place a large sponge-covered electrode, attached to the positive pole of a galvanic battery, in the nape of the neck, and introduce a gold or platinum tipped electrolytic needle, attached to the negative pole, into the tumor to a considerable depth, being careful to avoid the large superficial veins. The strength of the current should be from fifteen to twenty milliamperes, with the resistance of the body in the circuit, and the needle should be left in the tumor not longer than five minutes at a sitting. The sittings should be repeated until the goitre has diminished considerably in size, and the intervals between them should be not less than a week. If the goitre is of the cystic variety, both poles of the battery should be introduced into the sack by means of needles; otherwise the same precautions should be observed as recommended for the treatment of the solid variety.

How do You Apply Electricity for Weak Eyes? —Answer to Dr. Evans.

The best method of applying galvanism to the eyes is by means of soft sponge electrodes saturated with a solution of salt and water placed over the closed lids. A very weak current not more than five milliamperes should be used, and the negative pole placed over the eye while the positive should be applied to the neck. In the condition you describe, we would however not advise the use of electricity, as it will do no good and may do harm. It will be better to use the sulphate of copper pencil twice a week on the everted lids, and a mild alkaline wash to remove the muco-purulent secretion. If an error of refraction be present, as is likely in the case, this should be corrected as soon as feasible with the proper glasses. C. S.

Hypertrichosis, or Unnatural Growth of the Hair.

Editor MEDICAL WORLD:

The subject of hypertrichosis has as yet little disturbed the professional mind; that it ever will in connection with the country practitioner, I doubt, as the habits of our out of town people are such as to absorb their minds in the development of their fields of vegetation and the comforts of the fireside, rather than the beauties of the face. In large cities the treatment of unnatural growth of hair on woman, on the face or elsewhere, will shortly become more general. Why hair will grow on portions of the body in quantity unnatural to it, is a problem as yet unsolved; various causes are assigned, viz.: congenital, uterine and ovarian difficulties, insanity, sterility, etc.; but these are mostly conjectures. It is generally met with in women of dark complexion, having a tendency to development in middle life, and also in the masculine female, as it were. The only radical treatment is destruction of the hair papilla, and this is best accomplished by electrolysis, thus: to the positive pole of a galvanic battery is attached the ordinary sponge electrode, which is held in the hand of the patient, while to the negative pole is connected a fine needle in a current breaker handle and introduced into the hair follicle to the depth of the papilla and the circuit completed. As the result of tissue decomposition will be seen a frothing on the surface of the skin at the point of introduction. At the end of a few seconds the needle is withdrawn and the hair extracted with a pair of forceps, which is easily accomplished if the operation is performed properly. The direction of the needle should be parallel to the axis of the hair. In the hands of the inexperienced and careless, scarring is liable to take place. A current from six cells is sufficient with newly prepared battery fluid; later on, as its strength diminishes, the addition of more cells will be necessary. The introduction of the needle is almost painless. The feeling of pain due to the electrical current is very slight in the neighborhood of the chin, but somewhat acute on the cheeks and upper lip. Small eruptions, the result of the operation, present themselves in a few minutes at the site of application, but with simple treatment (I generally use glycerine and rose water), they disappear in a few days, leaving the skin hairless and smooth. In case the hairs are light and of small diameter, an ordinary magnifying glass will be required.

Depilatories are used by some; they simply clear the skin of hair as a razor does, and do not affect the hair root. From my experience I find that in every case where they have been used, that the growth of hair is more rapid and thicker than before. These preparations destroy by their caustic properties, and if allowed to remain on the face too long a time, will create an inflammatory condition, resulting perhaps in permanent disfigurement.

C. H. GRUBE, M.D.
26 W. 61st st., New York City.

Digitized by Google

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Help for Chronic Eczema.

Editor MEDICAL WORLD:

Will you please give through THE WORLD the best treatment for chronic eczema? I have a case of eczema occupying the dorsum of the hands and face in a lady between forty and forty-five years old. It has existed for eight years and been treated unsuccessfully by other physicians till last spring, when the case came under my treatment. I have given temporary relief, but, if possible, would like to effect a cure. Have used arsenic, iron and other tonics, besides locally black-wash, oxide of zinc and olive oil.

Fincastle, Ohio. J. L. BAIRD, M.D.

[Have you a copy of Dr. Lewis' chart of Skin Diseases?—ED.]

Was He Dead?

Editor MEDICAL WORLD:

Some time ago I was called to see the body of a man, who had been picked up for drowned eight hours before I saw him. The water from which he was taken was cold; his clothing was still wet, yet his eye was bright, and, when held open, closed of its own power, when left alone. Where the rats or mice had nibbled the tip of one ear and the tip of his nose, the blood flowed in a bright red stream. None of the limbs were stiff, not even the fingers, and a string tied at the ends of the fingers caused the finger ends and the nails to become purple. I also learned that the man was subject to taking fits. I told the people I thought he was not dead, but they shipped him off on the train, about one hundred and fifty miles, and buried him, in spite of my advice. I should like to hear the opinion of the brethren with regard to this case. I am positive that if his grave should be opened the body would be found turned over.

J. M. HALLY, M.D.

Robinson, Summit Co., Col.

Priapism in an Infant.

Editor MEDICAL WORLD:

A male child, born Sept. 5th; the mother, a primipara, had a very easy time, being sick about two hours; both are doing well. After two or three days, the nurse told me that "the child's bug was hard all the time," and asked me if there was anything wrong about it. I found it twice as large as it ought to be. It will relax sometimes, especially after making water, and it is hard up around the pubes. The mother while carrying the child had no peculiar history, except that she was thrown from a sleigh and taken up unconscious, but not injured, when she was about two and one-half months pregnant. The child worries and cries considerably. He eats well and his evacuations are all right. I have attended about three hundred cases and this is the first case of priapism in a child I ever saw. What is the cause and treatment? J. S., M. D.

Rare Form of Syphilis.

Editor MEDICAL WORLD:

Several parties have recently applied to me for treatment of constitutional syphilis which seems to have settled in and near the glans penis. They complain of pain in the parts at times, which gets worse after each intercourse and the parts inflame considerably. These are old cases and have been doctored by several physicians. You kindly gave me advice in a similar case sometime ago, but the remedies you suggested had all been tried in vain. These parties are very anxious for the disease to be removed from *that* limb in particular. Will some physician who has treated such cases successfully let me hear from him through the columns of THE WORLD?

Stuart, Va. C. BISHOP.

A Case for Treatment.

Editor MEDICAL WORLD:

About four years ago Mr. C., age sixty years, was stricken with paralysis of the right side. He recovered sufficiently to walk about. Two months afterwards he was taken with a severe pain in the right side of his head and eye, a sensation as if worms were working in the eye, a severe burning in the left side and swelling from his stomach to his feet.

Now, Mr. Editor, if you or any of your readers will give me some light as to the treatment, I will not only be obliged but grateful.

Ripplemead, Va. A. A. CHAPMAN, M.D.

Treatment Wanted for Chronic Endocarditis.

Editor MEDICAL WORLD:

I have on my hands a very well defined case of *chronic endocarditis* following a case of acute articular rheumatism. Will you or some of the brethren give me the latest and most approved treatment for the disease? I have for the past five weeks been using flud. ext. digatalis in one drop doses morning and evening, and two-drop doses of Fowler's Solution before meals, and the case seems to be doing very well, but I would

Digitized by Google

like to have him improve more rapidly if possible, as he is the "baby" (twelve years old) of wealthy and influential parents, and I am comparatively a new comer here. The boy suffered from the attack of rheumatism in Febuary, 1887, and has been treated by a homeopathic physician up to July 20th, when his parents brought him to me. He is slowly improving as I said before, but would like to have him do better if possible.

Garwin, Iowa. M. L. ALLEN, M.D.

Wayne's Diuretic Elixir.

Editor MEDICAL WORLD:

I write this to request that some of the many readers of THE WORLD would give through its columns the formula of the above-mentioned elixir. It has been very highly recommended by Professor W. F. Glenn, of the University of Tennessee, who first called attention to it as a diuretic of great value in the treatment of diseases of the urinary organs. Professor D. J. Roberts, formerly of the same institution, also writes in high terms of it as a diuretic. I would like to know the formula.

Benton, Miss. R. C. MCCANN, M.D.

Meniere's Disease.

Editor MEDICAL WORLD:

What is the theory of Meniere's disease, and treatment? What is the best way to apply jequrity to the eye lids for chronic inflammation? DR. EVANS.

Picton, Ontario.

[Vertigo is the first symptom generally calling attention to Meniere's disease. If there is no trouble with the eyes, no dyspepsia, no gout, epilepsy, nervous prostration, or irritability, the vertigo is apt to be caused by this disease.

Meniere's disease is either apoplectiform, or caused by some disease of the ear.

Treatment:—Recumbent position, full doses of bromides, followed by quinine, according to Charcot.—ED.]

Dr. Pennington, of Beattie, Kan., states that in some two hundred obstetrical cases he has ligated the umbilical cord in only three of them, and that his success has been the same in all cases. Has any one else had a similar experience?

Treatment is wanted for "removing freckles and moths from the face and hands."

Dr. Badger, of Coventry, Vt., wishes treatment for sore mouth of nursing women, and also for senile prurigo.

William Powell, of Honeyville, Utah, wishes a drug that will disguise the odor of Harlem oil.

Treatment is wanted for "sunpain," or supra-orbital neuralgia, by Dr. D. W. Humphrey, Orrsburg, Mo.

Treatment Wanted for Bronchial Asthma.

Editor MEDICAL WORLD:

Please give me the best treatment for bronchial asthma, especially in boys or girls, ten to fourteen years of age.

Maryland. "WINWOOD."

Query?

Why is it that man seeks the effects of intoxication?

SUBSCRIBER.

Editor MEDICAL WORLD:

I would like to know the dose of Fothergill's Hydrobromic Acid; also, the formula for Upham's Pile Electuary. In THE WORLD for Sept., page 341, is the formula for "Orange Blossom." What is the cause of the "acid reaction?" SUBSCRIBER.

What is Dr. White's remedy for singultus in his article on perforating wound of the abdomen in September number? H.

[Hoffman's Anodyne. See MANUAL OF TREATMENT, page 242.—ED.]

Dr. W. C. Frederick, of Lono, Ark., writes: I have the following named books for exchange for "The System of Practical Medicine, by American Authors," edited by Wm. Pepper, M.D., LL.D.; viz.: "Medical Brief," vols. 1882-3-4-5-6; "Wood's Practice," 2 vols., fourth edition; "Dickson's Elements of Practice," second edition;" "Finlayson's Clinical Diagnosis," "Stimson's Manual of Operative Surgery," "Hoblin's Medical Dictionary," "Barnes' (Fancourt) Manual of Midwifery," "Druitt's Modern Surgery," "United States Dispensatory"—Wood & Bache, tenth edition. Or I would exchange for some standard works on diseases of women, or diseases of children, or "Manual of Minor Surgery and Bandaging," by C. Heath.

What do you think of a book exchange column in THE WORLD?

[Subscribers may put such matter among short advs. on pages ii and iv at 2 cents per word; cash always with order. If a sufficient number of them come we will make a separate heading for them.—ED.]

Digitized by Google

FORMULÆ.

ERRATA.

Valueless Unless Accurate.

Editor MEDICAL WORLD:

In the Sept. issue of THE WORLD, page 322, "*A Good Disinfectant*," copied from the *Scientific American*, would be valuable if "half an *ounce* of nitrate of lead and two *ounces* of salt," instead of *drachms*, were directed.

DR. H. B. S.

406 Shawmut Ave., Boston, Mass.

[Also in page 365, in Dr. Keable's article on diphtheria, "Aquæ ʒ iv," should read "fʒ iv." Also page 364, bottom of first column, "tooth-filling" should read "tooth-pulling." —ED.]

Editor MEDICAL WORLD:

The time has arrived for cough medicines, and if agreeable I will give the receipe for one I have used for twenty years, and find suitable for any cough:

℞ Ext. glycyrrhizæ.....fld. fʒ ij
Acaciæ.....ʒ j
Tr. opii camph.....fʒ iv
Vini antimonialis.....
Spts. etheris nitrosi .....
Vini ipecac.....āā fʒ j

Mix liquorice, paregoric, antimonial wine, spts. nitre, etc., in a bottle, set aside with frequent agitation twelve hours, then add gradually,

℞ Aquæ frigoris.....fʒxx
Glycerine.....ʒ iv
Morphia sulp.....gr. xv

Sig.—Give in teaspoonful doses; where fever is present you can add aconite, veratrum, etc. I regard this the best cough syrup yet produced. In some cases I add muriate of ammonia with happy results.

Tom's Brook, Va. W. S. CLINE, M.D.

A British Remedy for Gonorrhea.

An English physician extols beniodide of mercury as an injection for gonorrhea, prescribed in the following form:

℞ Sol. hydrarg. bichloride.....fʒii
Sodii iodide.....ʒss
Sol. morphiæ.....fʒss
Sodæ bicarb.....ʒiss
Zinci sulphat.....gr. x
Aquæ, ad.....fʒvj

Misce et solve. Ft. injectio.

This is to be dispensed according to the British pharmacopiæ.—*Brit. Med. Journal.*

Whooping Cough.

℞ Extr. cannab. ind.....gr. xv
Extr. bellad.....gr. vij
Alcoh. absol. glycer.....āā.....fʒ iss

M. S.—For infants under one year, 4 to 5 drops; children from six to twelve years, 10 to 15 drops; adults, 15 to 20 drops. To be taken only at bedtime.

For the Itching of Chronic Skin Diseases.

℞ Acid. salicylic.....gr. xx
Zinci oxidi.
Pulv. amyli.....āā.....ʒ v
Petrolati.....ʒ iss

M. S.—Apply locally.

All Healing Ointment.

The need of a household ointment, one which will meet a wide range of application, is recognized by every pharmacist and family. The formula herewith given is one which has been used with unvarying good results for many years, and has the merit of simplicity and safety:

℞ Pure lard.....14 oz.
Balsam of fir.....1 oz.
Beeswax.....1 oz.
Gum camphor.....1½ oz.
Oxide of zinc.....1½ oz.
Tannin.....½ oz.
Oil of lavender.....2 fl. drs.

Melt the lard, balsam of fir and beeswax together; then add to the melted articles the camphor in powder and stir until it has been dissolved; when hardening add the zinc oxide and tannin in very fine powder, and thoroughly incorporate them with the base of the ointment; finally add the oil of lavender.

This salve must be made in porcelain or glass vessels and manipulated with stout glass rods or preferably wooden spatulas, of good size, which are easily formed from white pine wood.—*Druggists' Circular.*

Neuralgia Salve.

℞ Gum camphor.....1 dr.
Hydrate of chloral.....1 dr.
Sulphate of morphine.....4 grs.
Pure lard.....14 ozs.

Rub the camphor and chloral together in a mortar until reduced to semi-liquid condition and free from all roughness; dissolve the morphine in a few drops of water; and incorporate these components with the lard. Cork and keep air-tight.

Corn Salve.

℞ Yellow wax.....12 oz.
Venice turpentine.....1½ oz.
Pure rosin.....1 oz.
Salicylic acid.....1 oz.
Peruvian balsam.....1 oz.

Melt the wax, Venice turpentine and rosin together; when cooling thoroughly incorporate the other ingredients. The proportions of Venice turpentine and rosin can be varied to suit the changes of temperature, so as not to have the article too hard or unduly soft.

Digitized by Google

Tincture of Iron with Salicylate of Sodium in Rheumatism.

The following formula, devised by Dr. S. Solis-Cohen, is given in the *Medical and Surgical Reporter*:

℞ Sodii salicylat.....ʒ iv
Glycerini.....ʒ ij
Ol. gaultheriæ.....gtts. xx
Tinct. ferri chloridi.....ʒ iv
Liq. ammonii citrat. (B. P.), q. s. ut ft.,ʒ iv
M.

The dose is 2 fluidrams in water three or four times daily. Adapted to cases which are rather sub-acute and chronic. It has also been employed with good results in acute articular rheumatism, and in some cases of acute tonsillitis.

Excelsior Corn Cure.

Editor MEDICAL WORLD:

In answer to Dr. H. P. Marshall we give formula of A. E. Rogers' Excelsior Corn Cure:

℞ Cannabis indicæ.....ʒj
Morphinæ sulph.....gr. xx
Acidl salicylic.....gr. x
Collodion.....qs ʒij
Mix well.

Sig.—Pare the corn down thin; apply till a coat forms; do so twice or more and you can pick the corn out.

Stanton, Mich. J. B. SULLIVAN.

For Lumbago.

℞ Tinct. iodi.,
Aq. ammoniæ,
Collodii, ...āā ʒ i
M. et linimentum.

DR. BURGGRAEVE.

A Formula for Lithuria.

℞ Liq. ammoniæ citrat.....ʒ jss
Sodæ phosphatis.....ʒ jss
Acidi salicylici.....ʒ jss
Ferri pyrophosphatis.....ʒ ij
Glycerini.....ʒ ij
Elixir aurantii.....ʒ vj
Aquæ q. s. ad.....ʒ viij

S.—Mix in the order of the formula, shake well, and give a tablespoonful every 3 or 4 hours.

I have found no prescription superior to this in cases of lithuria, and in uric acid diathesis attended with gouty and rheumatic symptoms; and under such circumstances, the mixture is much improved by the addition, to each dose, of twenty drops of wine of colchicum. In combination with dram doses of either of the fluid extracts of pariera brava, or dog grass, it has served me well in chronic cystitis, gonorrhea and leucorrhea. The fluid ext. of pichi, in suitable doses, has also proved an excellent addition to the formula in the treatment of mucus discharges from the urinary organs—J. B. JOHNSON, M.D., in *Med. and Surg. Reporter*.

For Sexual Exhaustion.

℞ Phosphori,.....gr. i
Sanguinarine,.....gr. v
Ext. nucis vom.,.....gr. v
Pulv. cantharidis,.....gr. x
Ext. damianæ,.....gr. xl

M. et divide into twenty pills. Sig.—One night and morning, every second day.

L. LEWIS, M.D.

A GENERAL TONIC.—The following is recommended by Fothergill:

℞ Quininæ sulph.....gr. xvi
Strychninæ sulph.....gr. ss
Potassii citratis.....ʒ iss
Tr. ferri. chloridi.....ʒ v
Syrup.....ʒ iv
Aquæ, q. s. ad.....ʒ iv
M. S.—A teaspoonful three or four times a day.

—*The Med. Age.*

A LAXATIVE AND TONIC WINE.—℞. Tincture of calisaya, tincture of simaruba, tincture of gentian, tincture of bitter orange peel, of each, fʒijss; tincture of ignatia bean, ʒss; sherry wine enough to make Oij. Mix and filter. The wine is tonic, carminative and laxative. The dose is from one to two fluid ounces.—*Prog. Medical.*

Parson's Local Anesthetic.

Chloroform	12 Parts.
Tr. aconite	12 "
" capsicum	4 "
" pyrethrum	2 "
Oil cloves	2 "
Camphor	2 "

Dissolve the camphor in the chloroform, then add oil of cloves, and then the tinctures.

The venerable Dr. Parsons, in sending this formula for publication, says: "I cannot expect to remain much longer in this world, and I want the profession to know the value of this local anæsthetic."—*The Southern Dental Journal*, July, 1887.

Radcliff's Great Remedy—Seven Seals or Golden Wonder.

The following is supposed to be similar to the original:

Take of
Ether..... 4 parts.
Chloroform..... 6 parts.
Camphor or camphoraceous oil.. 4 parts.
Oil of peppermint..... 2 parts.
Tincture of capsicum.....35 parts.
Alcohol (90 per cent.).....50 parts.
Mix.

This preparation is recommended for "cholera morbus, rheumatism, warts, corns, and in fact all diseases."—*Nat. Druggist.*

Digitized by Google

Liniment for Man and Beast.

An Ashley, Ill., reader sends us the following formula, for which he vouches:

Take of

Powdered myrrh	1 fl. oz.
Powdered aloes	1 fl. oz.
Balsam fir	1 troy oz.
Alcohol	8 fl. oz.

Mix. —*Nat. Druggist.*

Formulæ are Asked For:

Moxie Nerve Food.

Francis Wyatt has analyzed Moxie with the following result: One hundred parts by weight when distilled were found to contain three-fourths per cent. alcohol, and one-fourth per cent. of the essential oils of sassafras, wintergreen and anise. The residuum in the retort was evaporated to dryness, and contained 7.880 per cent. of extractive matter, consisting of

Sugar	3.810
Glucose	1.250
Sodium carb	1.070
Sassafras	1.870
Gentian	1.870
Checkerberry	1.870
Quassia amara	1.870

I would like the formula for Hostetter's Bitters, also Warner's Safe Kidney Cure. For this last you referred parties to February and April numbers, but I don't have them.

Damascus, Ohio. A. M. AILES, M. D.

Hostetter's Bitters.

Sugar	2 lbs
Calamus root	2 "
Orange peel	2 "
Peruvian bark	2 "
Gentian root	2 "
Columbo root	2 "
Rhubarb	8 ounces
Cinnamon	4 "
Cloves	2 "
Diluted alcohol	4 gallons

Warner's Safe Kidney Cure.

Powdered saltpetre	gr. 820
Liverwort	oz. 1
Water, q. s.	
Alcohol	oz. 2
Glycerine	℥ 1½
Ess. wintergreen	gtt. 40

Infuse the liverwort with a pint of hot water for two hours; strain and filter. Dissolve the nitre in this liquid; when cold, add the other ingredients, and water to make up to one pint.—*The Druggist.*

Thompson's Eye Water.

Sulphate of copper	10 grains
Sulphate of zinc	40 "
Rose water	2 pints
Tinct. saffron	4 drachms
Tinct. camphor	4 "

Mix and filter.

Ely's Cream Balm.

This is a proprietary article, largely advertised in the Eastern States, and meets with rapid sales, and is used for catarrh.

The directions are to dip the little finger into the balm and insert up the nostrils, giving two or three full inhalations. It is as follows:

Vasaline	1 ounce
Thymol	3 grains
Carb. bismuth	15 grains
Oil wintergreen	2 minims

—*Kilner's Modern Pharmacy.*

Editor MEDICAL WORLD:

Will you please publish in next issue, formula for D. R. H. Kline's Great Nerve Restorer, manufactured in Philadelphia, 931 Arch St.?

Olin, Iowa. SUBSCRIBER.

Editor MEDICAL WORLD:

Can you or some of the fraternity give me the formula for "Bonckocine," a preparation on sale in the drug stores for gonorrhea, etc.?

H. M. HUNT.

West Hotel, Minneapolis, Minn.

Ayer's Ague Cure.

This is said to be a syrupy tincture of cinchona with aromatics. Each bottle holds 6 fluid ounces, and each fluid ounce was found to contain 3.2 grains of amorphous cinchona alkaloids, 3 grains cinchonine, 0.9 cinchonidine, 0.8 quinine, and 1 grain of quinidine.

Ham's Oil of Gladness.

We have received the following from one of our subscribers:

"Some one inquired in your last December number for the formula of 'Ham's Oil of Gladness.' Following is an 'oil of gladness,' but whether it is Ham's, Shem's, or Japheth's, I cannot say:

℞

Oil of cedar,	
" hemlock,	
" sassafras,	āā ℥ 2
" thyme,	℥ 1
Camphor powd	℥ 1
Linseed oil,	♁ 2

Dissolve the oils and the camphor in a sufficient quantity of alcohol, and add the solution to the linseed oil. The dose is 8 to 10 drops for a child."

—*Pacific Rec. of Med. and Surg.*

By request we republish formula of S. S. S. Stearns' *New Idea* gives the following: Stillingia, pokeroot and sarsaparilla, with nitrate of potash and a small quantity of iron and enough alcohol to preserve it.

Digitized by Google

Editor MEDICAL WORLD:

Please republish the formula "Hamlin's Wizard Oil." DR. B.

St Hyacinth, Quebec, Can.

℞	Tinct. camphor	1 ounce
	Aqua ammonia	½ ounce
	Oil sassafras	½ ounce
	Oil cloves	1 drachm
	Chloroform	2 drachms
	Turpentine	1 drachm
	Alcohol	3½ ounces

Mix.

150

Editor MEDICAL WORLD:

Can you or any of your readers give formula for "Hall's Balsam," and oblige,

Athens, Pa. S. W. BADGER.

Formulæ Are Also Asked For:

Aletris' Cordial.

Keely's Double Gold Opium Cure.

Warner's Safe Diabetes Cure.

Hayden's Viburnum Compound. (Send to Dr. Hayden, Bedford Springs, Mass., for handbook, which contains formula.—ED.)

Anakesis, a pile suppository, made by P. Neustaadter, N. Y. (83 Mercer street).

C. R. Syke's Sure Cure for Catarrh, Chicago.

Lindley's Fit Cure, Ohio.

Wollford's Sanitary Lotion.

Dr. Deming's Discovery for Piles.

Micajalh Co.'s Uterine Wafers.

As announced before, Dr. Waugh, formerly on the staff of this journal, and now a valued contributor, has become one of the editors of the *Philadelphia Medical Times*. You ought to see the "vim" he has added to its columns. The *Times* is a semi monthly, price $2 per year. We will send both WORLD and *Times* one year for $2.50. To those who have recently renewed their yearly subscription to THE WORLD we will say, send for thermometer, or anything else on our "Order Blank" page, and we will send the *Times* also if you add $1 50 to your order. This is the way to get the best $2 journal for $1.50.

OPPORTUNITIES.

Please give yonr opinion of the MEDICAL WORLD when writing to advertisers.

AT this season of the year you will be glad to find a reliable remedy for rheumutism. We speak from experience that SALOL is more certain and harmless than salicylic acid yet as pleasant to take as sugar. Send for a complete formula list, with notes in regard to treatment, to W. H. Schieffelin & Co., 170 and 172 William street, N. Y.

IF you wish to apply medicine directly to diseased mucous surfaces, send to Dr. E. H. Hayes, 243 State street, Chicago, for formulæ for his nasal, rectal, vaginal, uterine, and urethral bougies. Mention the MEDICAL WORLD.

WHEN there are so many attempts to counterfeit an article it must possess genuine merit. For the genuine Hoff's Malt Extract, write to Tarrant & Co, 278 Greenwich street, N. Y., and mention the MEDICAL WORLD. When prescribing it, always specify "Tarrant's" and see that you get it.

WHO is a better friend to the profession than a conscientious manufacturer of surgical instruments and appliances? Chas. Lentz & Sons, No. 18 N 11th street, Philadelphia, is one of the best of them. Skillful, patient and enterprising, they are constantly improving the weapons with which we combat disease. See their Aspirator, and write for catalogue, which will give you as much instructions as a lecture from a modern surgeon. Give us the credit.

HAVE you yet tried oxygen in therapeutics? If not, send to the Wallian Oxygen Apparatus Manufacturing Co., 119 E. 28th street, New York, and build up an office practice which will pay you better than riding. You might just as well be the first in your town as not.

NOW we know that our success in many of our fever cases depends upon how we have nourished and preserved the strength of our patient from the first day through the entire course. The matchless preparations of beef, wine, coca, and quinine and iron of the Liebig Labortory and Chemical Works, 38 Murray street, N. Y., will effectually solve this problem for you, and make you the most popular physician in your place.

TRUSSES are not all alike; neither are Uterine Supporters. Examine carefully the Hastings Truss Co.'s goods, 224 S. 9th street, Philadelpeia, and direct your patient to have them.

WE have received several letters from physicians telling us what fine results they are having with the Phenic Acid preparations, made by the Declat Manufacturing Co., 86 Warren street, N. Y., and wanting to know their method of manufacture. We here direct all to address the proprietors themselves, as the goods are genuine and cannot be manufactured by private parties for less than three or four times the prices charged for them. They are liberal enough to allow you to make a trial at their expense if you come to them with our name to introduce you.

DR. S. T. YOUNT, of Lafayette, Ind., is ever in the advance in medical appliances. Being a practical physician himself, he knows what we most need. Write to him for the vest pocket atomizer and tongue depressor combined, and the perfect rectal speculum.

THE ideal manner of giving medicine is found in the Upjohn pills and granules. See their adv. and write to them.

THE manner of using coca by the Indians has been preserved in Stiger's Phosphated Coca-Malta. Write to the Mutual Chemical Co., 58 Barclay street, N. Y., and mention our journal.

THE MALTINE preparations are without a rival. You can get an eight-ounce sample of any three of them by addressing the Maltine Manufacturing Co., 182 Fulton street, N. Y., mentioning us, and agreeing to pay express charges.

IF all of Keith's preparations are as reliable as his Concentrated Tinctures of Avena, they are certainly very valuable. Send to B. Keith & Co., 75 William street, New York, N. Y., for his Manual of Concentrated Medication, and refer to us.

(*Continued on page* XX.)

Digitized by Google

THE MEDICAL WORLD.

The knowledge that a man can use is the only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like raindrops off the stones.—FROUDE.

The Medical World.

Subscription to any part of the United States and Canada, ONE DOLLAR per year. To England and the British Colonies FIVE SHILLINGS per year. Postage free.
These rates must be paid *invariably in advance.*

Notice is given on the wrapper when your subscription expires. You are invited to renew promptly, when this notice is given. This is necessary if you wish to continue to receive THE WORLD, as it is sent only as long as paid for.

We cannot always supply back numbers. Should a number fail to reach a subscriber, we will supply another, if notified before the end of the month.

☞ Pay no money to agents for this journal unless publisher's receipt is given.

C. F. TAYLOR, M. D.,
LOUIS LEWIS, M. D., M. R. C. S., (Eng.) } EDITORS.
J. J. TAYLOR, M. D.,

ADDRESS ALL COMMUNICATIONS TO
"THE MEDICAL WORLD,"
1520 Chestnut Street,
PHILADELPHIA, PA.

VOL. V DECEMBER, 1887. NO. 12.

Must All Children Have the Diseases Childhood?

This question suggests a truth with which we have often been profoundly impressed.

There is a popular opinion among the laity in general, but among mothers in particular, and even with some respectable medical men, that all children must have all the contagious fevers during childhood, or they can never become great or good.

Let us examine this question a little.

These zymotic fevers are the result of a pathological process, akin to a fermentation in the blood, produced by specific micro-organisms, or disease-germs. Evidently, if the child is effectually protected from contact with these germs it need not have the diseases. There is no divine law written that every child must have whooping-cough and measles, any more than that every man or woman who enters upon the pleasures of sexual maturity must of necessity be afflicted with the loathsome diseases possible in that state.

Look at the returns of the Boards of Health, and see the large proportion of deaths caused by the contagious diseases of childhood. We venture to say that these are, in most instances, with suitable care, preventable causes of death. Complete isolation, and careful disinfection at the first alarm, would secure the desired immunity to a fair degree of certainty.

These fever processes are, in a majority of cases, injurious to the constitution. How many a child, weakly, yet with sufficient strength to become, with proper care, training and development, a healthy and long-lived man, is prematurely taken away by an unnecessary attack of measles or scarlet fever? How many, who were even robust and promising, can date the foundation of fatal organic diseases from their childhood's disease, to which they were carelessly, or even purposely exposed?

Aside from the immediate danger of death from the disease itself, let us examine the important subject of the sequellæ of these diseases. Scarlatina may be followed by chronic sore-throat, conjunctivitis, otorrhea, chronic diarrhea, chronic rheumatism, endocarditis, nephritis, or cutaneous dropsy. Rubeola may leave the respiratory tract so permanently injured as to induce the various forms of chronic inflammation of those parts, even to phthisis pulmonalis. Parotitis may leave permanent marks in the mammæ or testes, or cause death from meningitis. Pertussis is frequently succeeded by chronic catarrhal pneumonia, capillary bronchitis, emphysema, consumption, and umbilical or inguinal hernia. In the record of deaths in after years, the remote and initial cause is never mentioned. Due account taken of them would still further increase the proportion of deaths assigned to these causes. How much longer-lived a race we might be, possibly, were it not for the preventable diseases of childhood.

Is not the subject one of grave importance? Should not every physician, every teacher, every parent, be impressed with its importance? But if these causes of suffering and death are

Digitized by Google

preventable, what are some of the means of preventing them?

1st. The first case of such a disease brought into a neighborhood should be as completely as possible isolated from all persons liable to contract it.

2d. Thorough and complete methods of disinfection should be at once adopted.

3d. Parents should take every means in their power to prevent the exposure of their children to such diseases, no difference how favorable the season of the year may be for their easy recovery.

4th. The personal disinfection of well persons during the prevalence of an epidemic in the community.

It might be interesting to see a comparison of the statistics in regard to the number of those who lose their lives or suffer permanent injury in an army engaged in battle, with the same number of children attacked with one of the zymotic fevers. Perhaps the numbers would be surprisingly close together.

The various points connected with this subject would make a very interesting matter for discussion on the part of observing and experienced family physicians.

* * * * * * *

To Distinguish Physicians.

The idea suggested by Dr. I. H. Stearns, of Monroe, Mich., has been very widely noticed. Many letters have reached us, favoring the proposition to have some distinctive badge, article of dress, as, for example, the hat, or an entire suit, by which all physicians can be easily recognized. We regard it as a most excellent idea. But it should be considered with deliberation, and adopted after the best has been called out.

If a badge, it should not be too expensive; it should be plain enough to be seen and recognized at a distance; it should be totally unlike ordinary society badges, so that it will not be confused with anything else; it must not be gaudy, nor yet must it have on it anything suggestive of the horrible, as the coffin, skull and crossed-bones, or serpent; if it contain any symbolic ornament, it should not be so deeply symbolic as to require constant explanation.

If the distinctive mark be a suit of clothes it should be in color attractive, and yet as completely distinctive as the miller's gray; in texture comfortable, neat and durable, and of different weights for summer and winter; in shape neat, having a professional appearance, convenient for professional uses, and not subject to the changes of fashions.

As Dr. I. H. Stearns, of Monroe, Mich., originated the idea, he is entitled to the honor of carrying it to a conclusion. Readers who have thoughts to express on the subject will please address him. When he has examined the correspondence thoroughly he will give a condensed report in a subsequent number of THE WORLD.

* * * * * * *

Urethral Examination.

Instruments of accurate examination are the best friends to the skillful physician. They enable him to determine the exact pathological condition, and to adopt therapeutic measures exactly suitable to the case.

We have long been in favor of the use of the endoscope in the diagnosis of chronic affections of the urethra. Its importance must be apparent to any one who will think for a moment of the difficulty of locating the seat of disease and of determining its precise character.

An apparatus for this purpose is now made by Leiter, of Vienna. We bespeak for it a successful career. By its use Oberlander has greatly developed the pathology of chronic urethritis.

* * * * * * *

Report Failures.

It is of fully as much importance to know what is useless in a serious case as it is to know what comes with high recommendations. By knowing that it is entirely useless to try a certain remedy we save precious time, and oftentimes a valuable life.

In these days of many testimonials we should be especially pleased if our readers would send us reports of the continued failure in their cases of recent remedies or fashionable lines of treatment.

These notes can be short, simply noting the number of cases, and per cent. of successes and failures, not necessarily for publication, except

Digitized by Google

in tabular form, and, if desired, the names will be withheld. By our experience, perhaps, some other professional brother will be relieved of the embarrassment of a similar failure.

* * * * * * *

It might be well, also, to add your testimonial to anything which has proven a striking success. This corroborative testimony is very valuable. The first time one sees an article recommended he pays but little attention to it; but as he sees that one after another repeats it he begins to regard it with some interest, and finally adopts it in his own practice. It is said that there ought to exist a specific for every pathological condition if we could only find it. While we think this is erroneous, yet we also think that we have but just begun learning the best methods of treating most diseases.

* * * * * * *

Speaking of specifics, our learned friend, Prof. W. F. Waugh, the other day in one of his masterly lectures said, in regard to erysipelas, that we used to treat it with quinine, iron and other tonics, and to apply lotions and paints, but we don't do that now; it is not necessary. We have one remedy, which, if given in time, never fails, and that is pilocarpine, or the fluid extract of pilocarpus, in doses suited to the age of the patient. It never fails to stop the disease. Let those who have not used it give it a fair trial. It is certainly a reliable and valuable mode of treatment. Its simplicity itself commends it.

* * * * * * *

A great many subscriptions end with this issue. As there is always a great pressure upon our clerical force in January, it is desirable that renewals be sent as early in December as possible, as they can then be attended to more promptly and with less likelihood of error. Also, renewing promptly is the only way in which you can be certain of receiving all the numbers in their regular order. During the past year the demand for back numbers has been far in excess of our ability to supply, and many have been disappointed thereby. We hope that all will avoid this by being placed early upon the books for 1888.

It is not necessary to remind our patrons that names are erased from our books as soon as subscription has expired, and replaced only when renewal is received. This "pay as you go" policy is preferred by our readers as well as ourselves. It gives justice to those who pay, and gives no chance for dead beats.

* * * * * * *

We keep constantly in mind the needs of the hard working members of our profession, and give our best endeavors to making their work easier. We have long been impressed with the fact that physicians are tired of constantly carrying in their pockets the heavy and bulky visiting lists now in use, and during the past summer we made it our task to devise a remedy for this constant burden and annoyance. The result was THE MEDICAL WORLD Visting List, which is composed of an elegant leather case, with twelve removable sections, or tablets—one for each month. You at once see the desirability of this arrangement. There are other advantages, also, which we hope will commend themselves at once to the profession.

You will find it convenient to order this when you send your subscription for 1888. See description and price elsewhere. Also, see list of our other publications and our prices for thermometers. Save time and trouble by ordering all at once.

* * * * * * *

We wish here to offer our acknowledgments to the many in all parts of the country who embrace every opportunity to recommend THE WORLD to their professional brethren. We frequently hear of these kindly acts, and—well you should just see our broad smile of appreciation. We feel then that we are not working in vain.

* * * * * * *

A Change of Symbol.

Shall we begin in the January number using the Greek initial letter of the word "drachma," the letter delta, Δ, as the dram symbol, instead of the old form, ʒ, according to the suggestion of Dr. P. H. Adams, Florence, Texas, page 147, May WORLD? If one life shall be saved during the year by avoiding the confusion between it and the ounce symbol, it will be worth all the trouble it costs. Please cast your vote on this question when you renew your subscription.

Digitized by Google

INDEX OF DISEASES.

In this index the diseases are taken alphabetically, and prescriptions embodying the latest and best treatment for each disease are given. The index will be continued from month to month until the catalogue of diseases is exhausted. Began in March number, 1886.—L. L.]

Insomnia.

Potassii bromidi, gr. xx or gr. xxx in milk, in insomnia due to mental causes, irritability, pregnancy, etc.

℞ Chloral hydrat .....gr. x
Potassii bromidi.....gr. xv
Aq. aurant.....ʒ jss
Ft. haust.

Cannabini tannatis, gr. x, in powder at bedtime.

℞ Ext. cannabis Ind.....gr. ss
Ext. belladonnæ.....gz ½
Ext. lupuli.....gr iv
Ft. pil.

℞ Croton chloral.....gr. x
Potassii bromidi.....gr. xv
Glycerini .....ʒ ij
Aq. menth., ad.....ʒ jss
Ft. haust.

Tinct. gelsemini, ♏ xv, in water, in sleeplessness of drunkards and maniacs.

Morphia injections.

Opium, in various forms, in insomnia from pain.

℞ Sodii bromidi.....gr xx
Tinct. digitalis.....♏ xx
Aq. camph.....ʒ jss
Ft. haust.

Ext. lupuli, gr. x, in insomnia of old age.

Aq. flor. aurantii, ʒ iij, at bedtime.

Acid hydrobromici, ʒ j, in water at bedtime.

Paraldehyde, ʒ j to ʒ ij, in syr. aurantii, with a little tragacanth and a drop or two of chloroform, at bedtime.

Antimonii tartarate, gr. ½, in water, every two hours in insomia of fevers, especially of typhus.

Camphoræ bromidi, gr. v, in insomnia of hysterical females, and in heart disease.

Mustard footbath, or mustard poultice to the epigastrium.

℞ Tinct. opii.....♏ xv
Vin. antimonialis.....♏ xx
Aq. camph., ad.....ʒ j
Every four hours.

℞ Pulv. opii.....gr. j
Pulv. antimonialis.....gr. v
Ft. Pulv. Taken at bedtime.

Brandy and water at bedtime.

Prolonged warm baths, with cold to head.

℞ Potassii bromidi.....
Hydrat. chloral.....āā ʒ iij
Morphiæ sulph.....gr. j
Syr. tolutani.....
Aq. menth. pip.....āā ʒ ij
One teaspoonful in water, every hour until sleep.

Ext. piscidiæ erythrinæ, ʒ j, ex aqua, at bedtime.

Tinct. aconiti, ♏ j, in water, every fifteen minutes, in insomnia with dryness of skin.

Intermittent Fever.

℞ Ferri et quiniæ citratis.....ʒ ss
Inf. gentianæ, ad.....ʒ iv
A tablespoonful after each meal.

℞ Quiniæ sulphat.....ϑ j
Tinct. ferri perchlor.....ʒ ij
Aq. cinnamomæ.....ʒ ij
A teaspoonful in water after each meal.

℞ Magnes. sulphat.....ʒ jss
Ferri sulphat.....ϑ ij
Acid. sulph. dil.....ʒ j
Syr. aurantii.....ʒ vii
Aq., ad.....ʒ vj
One teaspoonful after each meal.

℞ Tinct. cinchonæ co.....ʒ j
Aq chloroformi, ad.....ʒ vj
Two tablespoonfuls three times a day.

℞ Tinct. opii.....♏ xx
Chloroformi.....♏ xx
In water, in violent congestive chill. Or
℞ Morphiæ.....gr. 1-6
Atropiæ.....gr. 1-40
Subcutaneously.

℞ Quiniæ sulphat.....ʒ j
Acidi arseniosi.....gr. ij
Ext. sar aparillæ.....ʒ ss
Divide into thirty pills. One every two hours, in old, persistent cases.

Quiniæ salicylatis, gr. ij, in pill or powder, three times a day, in chronic malaria.

Zinci sulphat., gr. xxx, in water, as an emetic.

℞ Quiniæ sulphat.....gr. x
Acid sulph., dil.....♏ x
Syr. aurantii.....ʒ ij
Aq., ad.....ʒ j
To be taken three times a day.

℞ Calomelanos.....
Pulv. ipecac. co.....āā gr. iv
Quiniæ.....gr. xvj
Divide into four pills. Two at bedtime and two in the morning.

℞ Iodin.....ʒ j
Potass. iodidi.....ʒ ij
Aq. dest.....ʒ jss
Five drops in water every two hours.

℞ Chloro ormi.....
Tinct. cinchonæ.....āā ʒ j
A teaspoonful in water every hour for four hours before expected chill.

Inhalation of chloro'orm, q. s.

℞ Pulv. opii.....gr. ij
Pulv. capsici.....ϑ j
In powder.

℞ Chloral hydrat.....ϑ j
Aq camph.....ʒ j
For one dose, followed by full doses of quinine.

Digitized by Google

The Current Medical Thought.

Rheumatism.

BY LOUIS LEWIS, M.D.

Rheumatism is a general disease, plain, typical, and easily recognized. It is not referable to any particular part, but invades nearly all tissues, and encroaches on every portion of the system. Its features do not vary; its characters are distinct; and it is without doubt hereditary. But its "raison d'être" is not so apparent. A poison of some sort finds its way into the system, either from *without*—as is the case in malaria—or more probably by accumulation of nitrogenous and effete material *within* the body through defective excretion, or excessive supply, or some more subtle agency. These elements accumulate in the blood, to combine later on, and are excreted by the skin and kidneys in the form of lactic and acetic acids; for both acids are present in the urine and perspiration, but not in the blood. There may be a flaw in the organism which impairs the process of assimilation. Dietetic errors, scarlet fever, suppressed menstruation, may inaugurate rheumatism; but, anyhow, a poison gets in; and in acute cases, we can detect it "trying to get out," as it were, in the guise of a rancid characteristic perspiration. Though the blood is over-acid, the supposed cause—lactic acid—is not found; yet the urine exhibits it, as well as uric acid and urea in excess. But these are also superabundant in many other fevers, and when a too nitrogenous diet has been ingested; decomposition of blood-corpuscles in the urine also produces them. Lactic acid is a constituent of gastric juice and muscular tissue. The usual phenomena of rheumatism have been induced by the injection of this acid into serous cavities; and the same acid is supposed to accumulate in the blood in yellow fever. In the blood, there is excess of fibrine, causing the "buffy coat" on coagulation; the blood is "buffed and cupped."

* * * * * * *

The exciting causes of rheumatism are cold and moisture, acting on debilitated subjects and those more or less disposed to the disease. It occurs principally in temperate, but damp climates, where there are sudden accessions of cold and change. General ill health and mental anxiety are predisposing causes; but the "mens sana in corpore sano" is not proof against its invasion. When rheumatism fastens on an individual, an inflammatory condition of fibrous textures is set up, such as tendons, ligaments, fasciæ, and muscles belonging to large joints and the heart, its muscles and envelope; or a more circumscribed inflammation of the synovial membranes inside the joints, or both. Before the joints are actively attacked, there are chills and pyrexia, pain in the back, quickened pulse, coated tongue, thirst, constipation, loss of appetite, urine laden with urates, and perhaps some albumen. The chill denotes commencement of tissue change, but is not usually severe, unless complications supervene. Soon one or more of the larger joints swell, and become hot, rigid and angry. The knees, elbows and wrists suffer most frequently; but no parts are exempt, and the disease is liable to migrate from one situation to another. A copious sour perspiration exudes from the body, sometimes accompanied by a miliary rash; and the patient becomes a pitiful object of suffering, helpless and incapable of movement; and possibly an eventual martyr to a chronic form of the disease, which will shatter his usefulness, though it spares his life; unless indeed the heart or its belongings are fatally involved, as not infrequently happens. Danger to the mechanism of the heart increases with each attack; and the more acute the attack, the graver the probable after-injury to the fragile valves of the organ, rendering them incompetent to perform their functions. Death may also terminate an attack quite abruptly by a sudden accession of hyper-pyrexia, when the nervous system loses its restraining power over excessive oxidation, and the temperature even continues to rise after dissolution. The symptoms of fatal hyper-pyrexia are subsidence of existing pain and perspiration, rapid pulse, continued rise in temperature, delirium and pain in the head; and often, but not invariably, signs of pericarditis. The diseases prone to complicate rheumatism are pericarditis, myocarditis, endo carditis, valvular disease, pleuritis, diaphragmitis, bronchitis, pneumonia, cerebral and spinal meningitis, sclerotitis and sometimes tonsillitis; and chorea, erythema, subcutaneous nodules, and endocarditis, in children. But cardiac complications are, on the whole, the most frequent. A latent subacute form of rheumatism sometimes affects the heart and joints of young girls, the pain in the breast being erroneously taken for "growing pains." It occurs in anemic subjects.

(TO BE CONTINUED.)

The "Manual of Treatment"

This is a careful compilation of the opinions of a large number of different authors, teachers and practitioners upon the various diseases treated upon. The book shows great painstaking and an enormous amount of labor, and we feel satisfied will find ready appreciation at the hands of the physician, more especially the general practitioner.—*The Medical Register.*

Digitized by Google

A Simple Way to Apply Fluids to the Nasal Cavity.

In practice it is sometimes far from easy to make application of fluids to the inside of the nose and the posterior nares. Douches are not quite safe, because the fluids are sometimes forced into the Eustachian tube, and set up an inflammation of the middle ear. On the other hand, it is very hard to teach patients how to draw a fluid up into the nose without producing strangling or coughing.

A way which I have found very successful is the following: Take a test tube about four inches long and half an inch wide, and place in it the solution to be used. Open the mouth and breathe through it. Put the open end of the tube into the nostril, catching the rim against the ala so as to make a good fit. Then bend the head back, and raise the closed end of the tube, so as to *pour* the fluid into the nostril. All the while keep breathing through the mouth. The fluid will now run into the nose, pass back to the naso-pharynx, and can be made to go around behind the septum and on top of the soft palate, and come out of the opposite nostril. By moving the head about in various directions, the fluid can be made to reach any point in the nares, in front or behind, and to remain in contact with it as long as may be desired.

Any one who will try it will be surprised to find how thoroughly and easily this can be done.

Of course, all fluid applications to the nares must be well warmed and of a proper specific gravity. If, for example, Dobell's solution be warmed to about 100° (Fahr.), and used in this way, it will be found a most soothing application. The quantity to be used may easily be as much as such a test tube as I have referred to will contain. And it may be filled several times and used again and again at a single sitting.—*Med. and Surg. Reporter.*

A Valuable Formula in Menstural Irregularities.

Menorrhagia, metrorrhagia, dysmenorrhea and amenorrhea are terms designating uterine conditions, common, yet often very intractable, exhausting the strength of the patient, and the patience of the physician in their persistency.

If thoughtfully considered, these conditions are quite amenable to treatment in nearly every case.

Mrs. S., always regular in time and quantity of menstural flow was obliged to do a prodigious amount of work in the care of her only sister, to whom she was very much attached, and who had been taken suddenly and dangerously ill. The over work, coupled with the anxiety and sorrow at the sudden death of the sister brought on a metrorrhagia which seemed incontrollable. The menses were excessive, amounting to flooding continued from eight to ten days, then ceased for a week to return with increased severity. Ergot, erigeron, cinnamon, alum, gallic acid and other astringent measures did not produce an impression upon the disorder. The patient became exhausted and anemic. The following perscription was finally advised and the patient was kept quietly in bed for one week:

℞ Fl. ext. senecio aurens.....
Fl. ext. aletris farinosa āā.....℥ iij
Fl. ext. cimicifuga racemosa.....
Fl. ext. viburnum prunifolium āā..℥ v
M. Sig.—Ten drops in water every three hours.

The flow soon ceased and did not return for a month. Then in proper quantity and time and has since been very regular.

The above prescription seems to act more readily where the disturbance is of nervous origin, or is a result of nerve exhaustion.

In dysmenorrhea, gelsemium has been added in place of the cimicifuga, and very excellent results obtained. In amenorrhea the prescription may be accompanied or alternated with iron in some form. In sub-involution, following confinement, the combination produces excellent results. In many cases it must be persisted in as it may not effect a cure immediately, but it is generally prompt and satisfactory in its action. In old standing cases of "falling of the womb," the pain and distress, the back-ache and dragging sensations will be quickly relieved by this combination. The writer has used it for several years with excellent results and speaks from wide experience. The remedies are unpleasant of administration, but the smallness of the dose commends it to the physician.—*Chicago Med. Times.*

Lockjaw on Long Island.

Who can explain what there is in the air or climate of the Long Island sea coast conducive to the terrible disease of lockjaw? To step on a rusty nail from Fire Island to Montauk is almost sure death. Visitors cannot touch many of the plants or shrubs without being poisoned, although they have no such effect on the natives. Scratches from shrubs or any sharp surface on the feet, or in fact any part of the body, are sure to result in serious inconvenience for a long time. Yet the natives do not appear to be so sensitive to these influences except in the case of the rusty nail. That is almost invariably fatal. The lockjaw-smiths ought to open an expert hospital to study the disease somewhere on the island.—*New York Star.*

Digitized by Google

Diagnosis of Mammary Tumors.

A small swelling in the breast may evolve into an *adenoma*, a *sarcoma*, or a *scirrhus*. An *adenomatous*, or chronic mammary tumor, usually occurs in single women under the age of thirty, and is movable; the pain is neuralgic, and worse at the menstrual epoch; the lymphatic glands never participate, and the nipple never retracts. *Sarcoma* occurs at all ages; it is movable, but sooner or later involves the surrounding tissues; pain is insignificant, as a rule; the lymphatic glands are unaffected, and the nipple often discharges. *Scirrhus* generally appears after thirty years of age; it is hard, and adherent to deeper parts, though at first fairly movable; the pain is severe and lancinating, and is felt along the arm; the nipple is generally retracted, and the lymphatic glands are involved quite early. Other tumors of the breast may be cysts, or abscesses, and are elastic.

Syphilis Vel Chloasma.

Rounded copper-colored spots on the abdomen, covered with a scale, are indicative of secondary syphilis; a similar eruption, *without* the scale, is most probably chloasma.

SUGAR first makes its appearance in the urine through faulty assimilation of food in the stomach; but, after a while, as the disease progresses, the sugar is eliminated from the tissues themselves, as proved by its persistent presence when the patient is restricted to a purely animal diet. Unfortunately, removal of the sugar does not by any means imply removal of the disease.

Diagnosis of Abscess and Hernia.

Both iliac and psoas abscesses give an impulse on coughing similar to hernia; but they are *dull* on percussion, and are irreducible. True hernia is *clear* on percussion, and reducible, with gurgling sound. Omental hernia has a characteristic *knotty* feeling, quite distinct from the intestinal form; while iliac and psoas abscesses are palpably *elastic*. Iliac abscess presents in the inguinal region, psoas abscess in the femoral.

Diagnosis of Aural Hemorrhage.

Hemorrhage from the ear after a blow is not necessarily indicative of fracture at the base of the skull; it may be due to simple laceration of the external parts, or of the "drum;" when caused by fracture, it is usually followed by a copious escape of clear fluid from the subarachnoid space.

Heart Clot.

Obstruction of the right side of the heart, from the presence of a fibrinous coagulum or ante mortem clot, is diagnosed by characteristic dyspnea, tumultuous action of the heart, with feeble pulse, diminished tone and obscurity of its systole, or a suppressed sound rather than a murmur, and a congested, turgid condition of the veins of the neck. This last symptom may be artificially induced by pressure with the hand on the right epigastric or hypochondriac region, while the patient is recumbent, with the head turned a little aside. (This proceeding may be employed to estimate the insufficiency in valvular disease.) Sometimes a train of hysterical phenomena closely simulates the symptoms of true fibrinous obstruction; but the latter may be distinguished by physical signs, and the former by the rapidity with which they disappear, with or without treatment. When a fibrinous clot becomes dissolved, secondary symptoms, more or less severe, and often of a pyemic kind, usually supervene. Fibrinous clots in the heart or its vessels used formerly to be mistaken for polypi. The treatment of this condition comprises horizontal rest in one fixed position, so as to ensure the least possible disturbance of the heart; milk or very light diet, avoidance of solid food, opium and sedatives; stimulants when there is syncopal tendency; heat to the extremities, and the persistent administration of ammonia until the blood is thoroughly alkalinized. Aromatic spirits of ammonia may be administered, in drachm doses, every hour or two, or five minim doses of liquid ammonia, in iced milk, every half hour or hour. L. LEWIS, M.D.

Infectious Nature of Traumatic Tetanus.

Dr. E. O. Shakespeare, of Philadelphia, read a paper on the above subject in the Section on Pathology of the International Medical Congress. At the close he gave the following valuable conclusions:

Several autopsies of the tetanic animals were made, and they invariably showed intense congestions of the lungs, tracheæ, and kidneys. Sometimes there was congestion, oftentimes none at all, of the central cerebro-spinal nervous system. The mucous membrane of the stomach was apparently normal.

Conclusions drawn from the author's personal researches:

1st. Traumatic tetanus of the horse and mule is at least sometimes, if not always, an infectious disease, transmissible to other animals, and therefore possibly also to man; and during the progress of this disease a virus is elaborated and multiplied which is capable of producing

Digitized by Google

the same infectious disease in some other animals when placed beneath the dura mater of the cerebrum.

2d. This virus is contained in the medulla and spinal marrow of the animal suffering with the disease. It is, like the virus of hydrophobia, capable of being strengthened in virulency by inoculation sub dura cerebri from rabbit to rabbit; and, like the virus of hydrophobia, is capable of attenuation by exposure for a sufficient time to the action of dry air at a temperature of summer-heat; and, still again like the rabic virus, its effects are far more intense when the virus is inserted beneath the dura mater cerebri than when injected beneath the skin or between the muscles of the back.

3d. The author reserves his conclusion concerning a prophylactic effect of inoculation of the attenuated virus until the completion of experiments which are at present in progress.

Conclusions drawn from the author's experiments when correlated with those of Nicolayer, Carle and Ratone, Rosenbach; Ferrari, Flügge, Hochsinger, and others:

Traumatic tetanus of the lower animals and of men—at least sometimes, possibly always—is a specific infectious disease, due to the action of a specific infectious virus, which exists in the tissues at the seat of infection, in the blood, and in the central cerebro-spinal nervous system.

In view of experimental evidence which we possess at present, and of many unassailable observations of numerous surgeons and veterinarians, there seems to be ample warrant for the admission that not infrequently tetanus in man is acquired directly and indirectly from some of the domestic animals by which he is surrounded, and notably from the horse.

Urethan in Convulsions.

Urethan is said to exert remarkable control over muscular contractions or "spasms." Dr. J. Y. Bennett (Texas) used it successfully in a case of puerperal convulsions.

Alkaline Injections for Gonorrhea.

Weak injections of bicarbonate of soda (gr. v to. Oj water) are often efficacious in gonorrheal and other inflammatory urethral discharges. The amount of discharge and attendant pain rapidly diminish as the urine becomes more alkaline. Pus from the inflamed urethra is distinctly acid as a rule, especially at the onset.

Strychnine for Tobacco Amblyopia.

Tobacco amblyopia is cured by abstinence from smoking and the subcutaneous injection of minute quantities of strychnia, gradually increased.

Peculiarities of Australian Pathology.

Two singular facts are noted in the practice of medicine in Australia, namely, the great prevalence of hydatid disease and the phenomenal absence of rachitis; even club-foot and chronic hip-joint disease are rarely seen, but true rachitis and other bone distortions never, except as the result of injury or accident.

Value of Coca in Gastric Disorders.

At a scientific congress recently held in France, Dr. D'Ardennes described the results of experiments with coca in the treatment of painful affections of the stomach. In most cases relief was rapid and complete.

We advocated the use of coca in this direction three years ago in this journal, and are pleased to see that its beneficial effects have been so fully verified. Dr. Cuneo recorded like success, both in gastralgia and vomiting of pregnancy. L. Lewis, M.D.

Mental Troubles after Operation for Cataract.

Several cases have been reported of hallucinations and delirium following operations for cataract in elderly people. These effects have not been noted in young patients; but the older the patient the greater predisposition is manifested.

Syphilis and Marriage.

The conditions of advisability to marriage in a man who has had syphilis are, according to Fournier, a mild or medium type of the disease; an advanced stage of the diathesis, three or four years at the minimum; and about two years' immunity from specific accidents. With these guarantees, marriage *may* then be *tolerated*, rather than advised.

The Treatment of Wounds.

Treves, of London (*British Medical Journal*), detailed, at a recent meeting of the Harveian Society, his method as follows:

Dealing first with wounds of the lower extremities, he dwelt on the greater mortality attending these injuries, and the reason assigned for healing taking place more slowly and imperfectly. In his opinion bad ventilation is one cause; the atmosphere under the bedclothes is close and stuffy, if not positively fetid; the limb may be wrapped up in cotton-wool, but ought to be freely exposed to the air. Again, in wounds about the toes and feet, the large sheaths of the tendons are opened; no care is taken to close them, and they become practically open tubes, in which pus accumulates.

Digitized by Google

In removal of the toes, healing is often prevented by sloughing of the flaps; this is due to the operator neglecting to respect the integrity of the artery which supplies blood to the flap. In cases of fractured patella no treatment is better than the use of Malgaigne's hooks, provided these are scientifically applied; the author described his method of applying them. Mr Treves protested against the use of plasters in putting up compound fractures of the lower limb: his plan is always to fix these fractures by the use of straps and buckles, to expose the limb freely to the air, and to keep the wound constantly powdered with iodoform until a firm scab is formed. While dealing with wounds of joints, the author remarked on the great value of irrigation, and gave notes of a case in which amputation of the lower limb for desperate disease of the knee joint had been avoided by keeping a stream of water flowing through the joint for a month. In discussing the dressing of operation-wounds, the relative merits of iodoform, corrosive sublimate solution, etc., were discussed, but preference was given to dry sponge dusted over with iodoform. Great stress was laid on the different drainage of abscess cavities and wounds; for large abscesses, as in suppurating hydatids of the liver and psoas abscess, the tubes ordinarily used were quite inadequate.

A Receipt for a Genius.

Take a number of sound, strong, powerful stocks, endowed with unusal energy and application, but varying in personal characteristics, and include amongst them a considerable number of races, dispositions, and temperaments. Mix, by marriage, to the proper consistency; educate the offspring liberally, broadly, and diversely; let these again intermarry with other similarly produced, but individually dissimilar idiosyncrasies; and look for a genius in the fourth or fifth generation. Among a resultant five hundred persons, we may expect a majority of average fools, a minority of modest mediocrities, a few able people, and—*if he lives*—perhaps one genius. L. L.

Profuse arterial hemorrhage following scalp wounds rarely escapes in the usual jets; it has to be recognized by its color; when the bleeding is veinous, it points to injury of the sinuses of the brain.

A "black eye" may be produced by the effort of coughing, and will then pass through all the various stages of color caused by an injury or blow over the orbit.

The internal administration of sulphur will frequently benefit cases of pure chlorosis, after iron has failed to improve; but inflammatory conditions of the digestive apparatus and catarrhal lesions contra-indicate its employment. The sulphur may be conveniently administered as powder in sugar of milk.

Waking Numbness.

In an article in the *Medical Bulletin*, Dr. John Aulde, of Philadelphia, concludes his description of several cases of that peculiar numbness of the hands and arms often felt upon waking with the following remarks:

It was my intention to make some suggestions in relation to the probable causes which are undoubtedly at the bottom of all these cases, but it seems now, after going over the ground, and pointing out the special conditions underlying these conditions, that we shall not have far to look for a solution of the difficulty. It is evident that we have imperfect or faulty action in some of the more important tissues or structures of the economy, and a better knowledge of physiology will eventually enable us to account for all of the abnormal sensations. When appearing coincident with old age, we must expect to find some diseased condition of the smaller blood vessels, or possibly the whole vascular system may be in sympathy, while in younger persons it will be well to investigate the physiological activity of the various organs and tissues.

Hemoptysis.

Hemoptysis, when of sudden occurrence, without previous manifestation of tuberculous symptoms, is of a different nature to that produced by inflammatory or organic affection of the lungs, and is due rather to disturbance of the equilibrium of circulation. The bleeding usually happens in the hot season, in persons of debilitated constitution, with sedentary habits and irregular living. The hemorrhage is abundant in quantity, and generally followed by feelings of relief and satisfaction when the patient is not too much alarmed by the flow. No râles nor stethoscopic phenomena are discernible. The treatment of these cases comprises open-air exercise, even before total arrest of the hemorrhage; small doses of stimulants, generous regimè and cold baths, with friction of the surface. Drugs are not usually needed.

Hemoptysis occurring in a subject previously suffering from symptoms of more or less induration of the lungs, is more abundant and lasts longer, perhaps many days, off and on. The stethoscope reveals infiltration and induration. Here perfect repose, ice and sm ll doses

Digitized by Google

of ergot, etc., are advisable. Hemoptysis in patients far advanced in phthisis, with cavernous excavations, is abundant and persistent, often causing death in a few minutes, through syncope or asphyxia. The back and shoulders should be elevated, so as to lessen bronchial obstruction, absolute repose, ice to the chest, astringents and subcutaneous injections of ergotine and morphia. L. LEWIS, M.D.

Evergreens and Consumption.

At a meeting of the American Climatological Association, held in Baltimore, Dr. Loomis, of New York, read a paper on evergreen forests as therapeutic agent in pulmonary phthisis, in which he said that it had long been known that similar climates, as determined by geographical and meteorological conditions, have different therapeutical effects. It is becoming more apparent that there is some relation between the development of organisms and atmospheric conditions. Cold and high altitudes render the air aseptic; but the degree of cold and the height required are so great, that clinically it is not possible to derive much benefit from this fact. The effect of a purely aseptic air upon ulcerative processes is not so great as the effect of an atmosphere which is aseptic on account of the presence of antiseptic agents. The relief in the good effects of pine forests in cases of phthisis is quite unanimous, and the clinical evidence in favor of their beneficial influence is unquestioned. The atmosphere in such regions is not only aseptic, but also antiseptic. Such an atmosphere contains considerable turpentine vapor, and we should therefore expect it to contain a certain amount of peroxide of hydrogen.

The majority of cases of phthisis die, not directly from the lesions in the lung, but from the secondary septicæmia and anæmia which are set up. It is impossible to apply to the ulcerations within the lung the antiseptic washing and dressing that is employed in external lesions; but, if an antiseptic atmosphere can be obtained we may hope to counteract the secondary poisoning. Such an atmosphere will not destroy the bacilli, but it will accomplish much in the way of arresting the suppurative process. The atmosphere in the region of evergreen forests acts in a manner similar to the antiseptic agents which are successfully used to arrest suppurative processes in other portions of the body; and, in all probability, the active agent is peroxide of hydrogen resulting from the oxidation of the the turpentine vapor.—*Science.*

PERCHLORIDE OF MERCURY, in combination with iron, affords most satisfactory results in the treatment of phthisis of syphilitic origin.

It is well known that the offensive odor from cancer is very difficult to control. After trying many other methods unsuccessfully, Dr. H. Gerould, of Cleveland, O., succeeded admirably by dissolving three drachms of nitrate of potash in eight ounces of Platt's Chlorides, saturating strips of thin muslin in the mixture, and when dry, burning them on a shovel about the room and under the bed-clothing (it was uterine cancer). The nitrate of potash is added to make combustion possible.

Domestic Remedy for Dropsy.

A physician of Venezuela reports the cure of numerous cases of dropsy by the revival of an old domestic remedy, the free administration of milk and onions. Dropsies due to anemia, liver diseases, chronic peritonitis, scarlet fever, etc., are all stated to be amenable to this treatment, which is at once curative and nutritive. A favorite domestic remedy in Russia is cockroaches, in powder or infusion.

Dr. Ady, of Iowa, reports (*Medical and Surgical Reporter*), a case of recovery from acute peritonitis in which he gave one grain of morphia sulphate every half hour for twelve consecutive days, previous to which she had been kept under the influence of the drug for thirteen days.

Cyanide of Zinc in Cardiac Affections.

According to the *Lancet*, Lashkevich has produced remarkable effects with this remedy in functional disorders of the heart, some cases being positively cured. Even in cases of organic heart disease it caused a decided amelioration, and had the advantage over other drugs of not deranging the digestive apparatus. Dose, from $\frac{1}{10}$th to $\frac{1}{8}$th grain, three times a day.

Method of Inducing Respiration.

Dr. Enos Blackwell reports a method of resuscitating the new-born infant in an asphyxiated condition. It has as one very decided merit that of immediate application, but is, as Dr. Blackwell says, a procedure which embodies the principles of the Marshall Hall Method. The child is laid on the palms of the accoucheur's hands, and then rapidly tossed with a quick motion, this being done while the placenta is still attached. The rapid movement makes the arms fly up, thus lifting the chest-walls, and the infant takes air with a sudden sob. Although a rough-and-ready method, the author has found it highly successful.—*Medical Review.*

Digitized by Google

Byford on the Slippery Elm Tents.

Dr. H. T. Byford (*Obstetric Gazette*) speaks strongly of the advantages of compressed slippery elm tents in uterine dilatation. He says the characteristics of slippery elm bark is that upon being moistened a slippery substance exudes, which acts both as a lubricant to the tent and as a protection to the mucous membrane against that injury or abrasion which sometimes follows the use of dilators of this class. Another advantage is the rapidity of its action. The tents expand sufficiently in an hour or two for the introduction of a larger size, or two or three of the same size. This may be repeated until the desired dilatation is obtained, since the expanded tents are both soft and slimy, with a minimum amount of injury to the parts.

A small elm tent may be introduced at the office and left for twelve or twenty-four hours, and thus serve, in case it be used once or twice a week, as a mild substitute for the intra-uterine stem in cases of sterility. The patient can go home and keep quiet until she removes it by the attached string, upon the advent of severe pain, or at the end of twenty-four hours. A glycerine tampon, placed under the cervix, is necessary in such cases to retain it in place.

These tents are also available as applicators, for the exuding slime carries the drug out from them instead of into them, gradually dilutes it and thus limits its action.

As dilators and applicators in vaginitis, vaginismus, urethritis, urethral stricture, they are also useful, and may be ordered of any size, shape or curve.

They should be kept in a tightly covered box or bottle, as they become brittle and lose their rapid expansive power when they get too dry. It would be a good thing to dip them in gelatine or cocoa butter when they are to be preserved for a long time.

Position in Delivery.

The lateral position is best for the expulsion of the child; the dorsal position for the expulsion of the placenta by Crede's method.

Professor Unna states that oleates are most useful when employed in solution in ether spray. Their uses alone or in salves are overestimated.

Antipyrine is now vaunted as a remedy for epilepsy.

Dr. W. F. Rochelle, of Jackson, Tenn., writes: "I am highly pleased with the "Manual of Treatment," and like The Medical World better every month."

Theory of Uterine Displacement.

The normal position of the non-gravid uterus, when the patient is recumbent and the bladder empty, is usually one of anteflexion; consequently, as a rule, forward displacements are not to be treated mechanically, the symptoms not being due to position, but to inflammatory or similar causes in and about the organ.

In backward displacements, the uterus may be replaced mechanically, and fixed in its position by a pessary, provided there are no adhesions.

The *Camera Magazine* says a child was photographed in apparent health and clear skin. The negative showed the face to be covered with an eruption, and three days later the child's face was covered with prickly heat. In another similar case the spots discovered in the negative in two weeks proved to be small-pox.

Lumbago, of rheumatic origin, has been promptly relieved by subcutaneous injection of antipyrin, 50 centigrammes being the quantity employed.

An Effectual Treatment for Warts.

It is now fairly established, says a writer in the *Medical Press*, that the common wart which is so unsightly and often so proliferous on the hands and face, can be easily removed by small doses of sulphate of magnesia taken internally. M. Colrat, of Lyons, has drawn attention to this extraordinary fact. Several children treated with three-grain doses of Epsom salts, morning and evening, were promptly cured. M. Aubert cites the case of a woman whose face was disfigured by these excresences and who was cured in a month by a drachm and half of magnesia taken daily.—*The Medical Press.*

Phthisis in High Altitudes.

It is a mistake to suppose that high altitudes are necessarily inimical to phthisical subjects with tendencies to hemorrhage. Davos, Colorado, Bogota, and other equally lofty situations frequently benefit them. Catarrhal pneumonia of the apices, fibroid pleurisy, and many cases with cavities, do well in these regions; those conditions which contra-indicate these latitudes are characterized by functional heart derangements, hysterical tendencies, and susceptibility to long-continued low temperature. The main advantages of a sea-voyage—pure air, perfect mental and bodily rest, and abundance of sunshine—constitute the best palliatives for phthisical cases generally.

Digitized by Google

Treatment of Rheumatism in the Jefferson College Hospital.

Dr. Da Costa treats his cases of acute rheumatic fever, as a rule, with salicylic acid, about a drachm in twenty-four hours; he does this especially in the cases of active frank character, in which the joint affection is decided. Where marked cardiac complication exists, he greatly prefers the alkaline plan of treatment; indeed, has little faith in the use of salicylic acid either to prevent cardiac complications or to remove them. Nor does he, in any case, continue salicylic acid or the salicylates if no impression is made on the rheumatic malady in three or four days. When the remedy does good at all, his experience is that it does good quickly.

In cases of acute or subacute muscular rheumatism, or in subacute articular rheumatism, with much pain and only moderate swelling of the joints, he often employs bromide of ammonium, or, if this fail, nitrate of potassium. He uses opium sparingly, and generally confines it to a moderate dose or two of Dover's powder, given at night.

He strongly insists, no matter what plan of treatment be adopted, on the addition of quinine, from twelve to sixteen grains daily, as soon as the more active symptoms have subsided, believing that thereby the patient's strength is sustained and relapse prevented.

From tincture of chloride of iron he has seen no good, except in pyemic rheumatism or in kindred forms of rheumatism.

Locally, he uses little, enveloping the swollen joints, if very painful, in a thin layer of cotton-wool; where the joints are very much swollen he envelops them in cloth wrung out in a strong solution of nitrate of potassium, with morphia added.

The diet is always bland and unstimulating, chiefly milk, farinaceous substances, and very moderate amounts of broths, eggs and fish. Alcohol is not given, except in the so-called "typhoid cases," in which also high temperature is generally found.—*Med. News.*

Vaginal injections after delivery should be used with caution, as the passage is abraded and lacerated, and manipulations and the entrance of air are to be avoided if possible.

A man of average size sustains a weight of atmospheric pressure equal to 30,240 pounds; and the air contained in his lungs affords sufficient resistance to this outer pressure to maintain his balance.

Gastric Ulcer.

Ulcer of the stomach is far more frequent on the posterior wall of the organ than elsewhere. Next in frequency they occur on the lesser curvature, still less on the pylorus, and least of all on the posterior and anterior surfaces. The principal diagnostic points are localized pain, tenderness on pressure, and the time of vomiting. Rest is of the first importance during treatment; and nutritive injections keep up the strength, while, if they do not afford the pleasure of digestion, they certainly spare us many of its pains. Iodoform and iodol seem to be of some service, as also bismuth, soda and morphia. But rest gives a chance to the *vis medicatrix naturæ*. As for diet, pounded beef steak, eggs and arrowroot, with pancreatine, pepsine, or papoid, can be readily assimilated.

L. Lewis.

Therapeutics of Iritis.

In syphilitic iritis, mercury is of the greatest value; but when the inflammation attacks the retina, later on, iodide of sodium or potassium is more efficacious.

Clergymen die not unfrequently with great suddenness in their beds. This is probably due to the abnormal stress on their circulation, caused by long, *ex tempore* speeches or lectures, delivered without fresh breath being taken at the proper moment, thus causing pulmonary staxis, and consequent dilation of the heart.

A New One for Phthisis.

Borate of ammonium in five grain doses, three times a day, is the latest aspirant for fame in the successful treatment of phthisis. Professor Lashkerrich pronounces it of great value in the reduction of temperature and expectoration.

Salicylate of Soda for Urethral Pain.

The pain in the urethra attendant upon stone, stricture, and over-acid urine, and that following an attack of gonorrhea, is mitigated by small doses (6 to 8 grains) of salicylate of soda.—*E. H. Fenwick, Eng.*

Electricity is recommended in the treatment of obstinate vulval pruritus.

The blood takes about 23 seconds to circulate from the left side of the heart through the system and back to the right side of the heart in man. This would occupy the time of about 27 normal pulse-beats.

Digitized by Google

Tasteless Foods.

Many edible objects have no distinctive taste of their own, properly speaking, but only a feeling of softness or hardness, or a glutinous sensation in the mouth, chiefly observed in the act at mastication. Plain boiled rice, for example, is entirely insipid; but salt, sugar, preserves, curry, etc., render it palatable. Tapioca and sago are almost tasteless; but the addition of milk renders them relishable, or sugar, eggs, cinnamon, etc. Gelatine is very tasteless; but wine, lemon juice, etc., convert it into a very appetizing jelly.

Salt, spices, essences, vinegar, vanilla, pickles, sauces of various kinds, are civilized expedients for adding pungency and piquancy to foods which are naturally insipid, by stimulating the nerves of touch in the tongue. Macaroni is nothing without cheese; mint sauce was long ago discovered to be an essential to leg of lamb; apple sauce to roasted goose; lobster sauce to salmon; and oyster sauce to cod-fish. On the whole, whatever is relished will prove, on the average wholesome; and "per contra," whatever rouses disgust will generally prove indigestible.

Diabetic Temperature.

In almost every case of diabetes the bodily temperature is below par; sometimes even as low as 90° Fahrenheit.

Prophylaxis for Malaria.

Strangers travelling through, or sojourning in, districts known to be abounding in malarial fevers and ague, should dress in flannel clothing, avoid raw fruits, open-air bathing and night air, and drink tea and coffee, or only water that has been previously boiled.

Water Test.

If a tumblerful of water turns to a brown color an hour after the addition of six drops of a saturated solution of permanganate of potash, that water is unfit for drinking purposes.

Martineau's beverage for diabetes consists of three grains of carbonate of lithia and one-twelfth of a grain of arseniate of soda in a quart syphon of soda-water. This is to be used as a daily drink with the meals, either alone or mixed with wine.

Deafness, though sometimes hereditary, is not always so. When the parents are born deaf, probably the offspring will be deaf and so on; but if the parents' deafness is acquired, the children's hearing will be normal.

For Diseases of the Middle Ear.

An admirable dressing for acute purulent inflammation of the middle ear and ulceration of the meatus externus, with offensive discharge, consists of equal parts of powdered boracic acid and tincture of calendula, rubbed up in a mortar after the spirit has been evaoporated by gentle heat. A little extra boracic acid will reduce it for immediate use.—*New York Eye and Ear Infirmary.* (Dr. Sexton.)

Thermo-Cautery in Lung Diseases.

Thermo-cautery is a valuable aid to treatment in many cases of phthisis, bronchitis, emphysema, and other diseases of the chest. Some advanced cases of phthisis have been much relieved by the employment of several hundred punctures at a red-white heat, every second or third day. The stomach has shown better assimilative power, diarrhea has been checked, night-sweats diminished, and expectoration lessened. Chronic bronchitis has been also dealt with beneficially. A foreign hospital physician goes so far as to claim absolute cure of phthisis by this method.

For Preputial Warts.

Preputial warts yield rapidly to a dusting powder of pure carbonate of zinc, mixed with half its weight of powdered salicylic acid.

For Chronic Vaginitis.

A powder consisting of three parts of salicylic acid, five parts of wheat flower, and one part of powdered gum acacia is recommended as a valuable insufflating application in chronic vaginitis.

Phantom Abdominal Tumors.

"Phantom" tumors are produced by irregular contractions of the abdominal muscles, and are often of remarkable solidity. A "floating" kidney may possibly occasion the phenomenon. A dose of chloroform will soon simplify the diagnosis, by relaxing the muscles of the abdomen.

Put each copy of THE WORLD for 1888 in a Binder as soon as it arrives, and see how nice they will be kept—no torn, soiled, nor missing numbers. All will be there, in their regular regular order, handy for reference at any moment, and at the end of the year you will have a bound volume to remove from your desk to your library.

Digitized by Google

Original Communications.

Short articles on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

☞ Unused Manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them: and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Answers to Inquiries in November World.

Editor MEDICAL WORLD:

Permit me to add to the remedies to relieve the pain of a boil, mentioned in my last letter, the use of a three per cent. solution of carbolic acid, locally. This is from Prof. Woodbury.

1. Has "Jack" tried hypodermic injection of ergotine, under the skin of the penis, for functional impotence? His patient should sleep alone, avoid meat, condiments and alcohol; live on vegetables, fruit and cold water; avoid all which tends to excite the passions, and take cold baths. The full sized steel sound should be passed every day until there is no longer any hypersensitiveness in any part of the urethra. Galvanization of the testes and penis should be employed persistently; not merely "tried" and relinquished. When we hear of many remedies having been "tried," we fear the doctor's treatment has not more virility than his patient's erections.

We have no experience in the use of ergot in such cases, and do not regard the source from which we obtained the suggestion as very trustworthy.

In regard to Dr. Fraser's case (page 412), if the man had been subject to such attacks previously, it was epilepsy. I have had patients to lie in the status epilepticus for two weeks, never regaining consciousness from one fit until another occurred. But these cases are confirmed and well known epileptics. If, as I infer from Dr. Fraser's account, this was the only attack his patient has ever experienced, he may put him upon mercury at once, for it is the manifestation of an ancient acquaintance of his youthful days. I have met with several cases of tertiary syphilis, with outbreaks of that sort.

The same protean affection is probably the cause of the blister on the baby's skin described by Dr. Tassell on page 415. Twice, in undoubtedly syphilitic cases, I have seen a dead child born with just such blisters as the doctor describes.

Priapism (page 425) is sometimes due to spinal disease. I would suggest the application of weak counter-irritation to the child's spine. There may have been an injury to the back in the birth.

For nursing women's sore mouth, a wash of sulpho-carbolate of zinc, gr. iij to ℥j, is useful. Lactophosphate of lime should be given internally in daily doses of ten grains. Acid fruits should be taken daily. Nothing relieves the pain of supraorbital neuralgia more quickly than antipyrin, gr. ij, ever hour. Chloride of ammonium, gr. v, every two hours is best in drinking men.

For asthma in young children, the tonic regimen indicated by the general condition is requisite. Iron for anemia, quinine for malaria, arsenic for eczema and cod-liver oil for most cases; especially scrofulous. The inhalation of a little bromic ether relieves the paroxysms better than anything I have ever used. If there be bronchial catarrh, hydrastis should be given for months, with grindelia.

It is claimed that there is always a climate in which an asthmatic will have peace, if he can find it.

For senile pruritus, local remedies are useless. I have obtained some benefit from the use of laxatives, when they were needed, from a vegetable diet in plethora, from colchicum in some cases, and from the prolonged use of iodine internally in very small doses in atheroma. Sexual excess, plethora, atheroma, the use of beer, dyspepsia and urinary affections, are the most common causes. Sometimes the underclothing is at fault, as persons may be affected by wool, but not by other materials. The use of irritating soaps, of warm water, or of *no* soap and water, may cause the difficulty.

Philadelphia. WILLIAM F. WAUGH,

For the Road.

As we are unable to supply copies of THE WORLD for last May, we are requested to republish Dr. Covey's article, "For the Road," which appeared in that number. The following is an abstract of it:

I fill a bottle with the following mixture:

℞ Quiniæ sulph.....℥j
Ac. sulph. arom., q. s. to dissolve.
Liq. arsen. potass.....℥ xxv
M.

One drachm of this, properly diluted with water to make twelve or thirteen doses (for an adult), giving a dose every three hours between the paroxysms, will usually break an attack of ague, while given less frequently it is a valuable tonic.

Another vial I fill with chlorodyne. I need not give indications for its use, as all are familiar with it; but on the road one can soon fill a drachm vial with it, tell the party how to dilute it with sufficient water so that in each teaspoonful the one taking it shall get the

Digitized by Google

required dose. It is astonishing how often it comes in handy.

Another vial I fill with fluid ext. of paracoto bark. A drachm vial filled with this, with directions to add to it four ounces of water or wine, and, to an adult, give a teaspoonful every one-half to two hours, according to the urgency of the case, makes an efficient remedy in cholera morbus, diarrhea, dysentery, colic and various bowel troubles.

Another vial I fill with the following mixture:

℞ Oil peppermint.....
Oil cajeput.....
Oil anise.....āā
M.

A drachm vial of this, with directions to add it to two or four ounces, as the case may be, of whiskey, brandy or syrup, and given in one-half to one teaspoonful doses, repeated often or otherwise (according to case), makes a valuable stimulant and antispasmodic, and has been successfully used in colic, cramp of the stomach or elsewhere, flatulence, pains in the stomach or bowels, diarrhea, cholera morbus, etc.

There are but few cases of summer bowel troubles that cannot be successfully relieved with the contents of one or more of the three last named vials, although, when in town or near a drug store, I often use the following, which are favorites with me in diarrheal disorders:

℞ Bismuth subnit.....gr. j
Prepared chalk.....gr. ij
Dover's powder.....gr. ½
M. One dose for a child ten to fifteen to months old. Repeat according to indications, and increase according to age of child.

For adults I give the following, directing them to always shake the bottle well just before using the medicine:

℞ Bismuth subnit.....ʒ ss
Tr. opii camph.....
Tr. catechu.....āā f ʒ j
Fl. ext. paracoto bark.....f ʒ ss
M. S.—One teaspoonful after each excavation.

I have a few more handy preparations, but for fear of taking up too much of your valuable space, I will not offer them now.

Port Huron, Mich. C. E. COVEY, M. D.

Why get a number of works on practice when you can get the treatment of all in our "Manual of Treatment?" Get it *now*.

The price of THE MEDICAL WORLD Visiting List is placed at $1.00 for this year, for the purpose of introducing it. The leather case for the removable tablets may last for several years, in which event you would have to only buy tablets each year. See Order Blank, in advertising pages.

On the Management of the Nipples.

[*Continued from October Number.*]

Editor MEDICAL WORLD:

Let us now consider the treatment of the more common affections of the nipples. And here we are met with no paucity of so-called remedies; for I question if any disease has so many vaunted specifics, each individual practitioner having his favorite ointment or lotion as a cure for tender nipples. Perhaps the most satisfactory account of tender nipples and their treatment will be found in Dr. Fordyce Barker's work on Puerperal Diseases. After enumerating the varieties of sore nipples, he insists that the nature of each particular case be ascertained before a course of treatment be determined upon.

A rational treatment may be summed up thus: In the early stage, when the nipple is simply sensitive and tender, nothing is more likely to prevent ulceration than the following formula:

℞ Plumbi nitratis.....gr. x–xx
Glycerini.....f ʒ j
M.

In the early stage of erosion, I use compound tincture of benzoin, three or four coats, with nipple shields if possible. If ulceration exists, stop nursing from that nipple, empty the breast by gently rubbing only, paint over ulcerated surfaces with nitrate of silver, gr. x to f ʒ j water, and dust with dry powder.

For cracks or fissures I pencil with nitrate of silver, and then cover with collodion; if uncomplicated they will be easily healed. Should there be inflammation of the nipples, which is sometimes the cause and often the consequence of excoriation, first use a soft bread and milk poultice and then lead and opium lotion. After the inflammation is so much subdued that nursing can be borne, apply a lotion of the glycerate of tannic acid.

Dr. Tilbury Fox says: First, great cleanliness and care to remove all the milk after each time the child comes from the breast, and, if the nipples are tender and excoriated, use the following: Liq. plumbi, prepared calamine, glycerine, lard, with lead nipple shields to exclude the air and protect the parts.

If it were worth our while, we might search the works of every writer on the subject of the nipples, and we would find him probably condemning the remedies of others and lauding some fancied specific of his own. Perhaps, in one sense, this is not an undesirable state of matters; for, with general principles always in view, that remedy in which the practitioner has most faith is likely to have the best chance; in this case, as in others, "the best administered being the best."

Digitized by Google

My own plan, when the nipples have become tender, is to carefully wash off the milk with tepid water; then to wash the nipple with weak spirit lotion and glycerine to prevent drying; or, if the excoriation should be more advanced, some astringent is added, as tannin, or a weak solution of nitrate of silver. To protect the nipples from friction against the dress, if the part be not inflamed, I order a properly constructed nipple shield, and occasionally apply a mild ointment, as oxide of zinc, to protect the skin from the repeated application of the watery solutions. If the nipple be retracted or in any way difficult for the infant to seize, I advise that it be gently drawn out by the breast pump, of which the best is the green ball breast exhauster; and if still painful when the child is applied to the nipple, an artificial glass nipple with india-rubber teat must be at once applied. Permit me to add that it is of the utmost importance to secure one of a proper shape; as, if two narrow, constriction of the nipple takes place, causing occlusion of the lactiferous ducts; and, if too long, so much of a vacuum is produced between the extremity of the nipple and the mouth of the child that it is generally impossible for the child to draw the milk into the teat. The teat also ought not to be long, as it then only serves to tickle the fauces of the child. Frequently, in my practice, I have found that it is repugnant to a baby to seize these artificial nipples for some reason or other. In such a case I advise that the teat ought to be carefully cleansed from the composition which covers and impregnates it, as the smell and taste of this material may disgust the child so much that it may refuse to make another attempt. This unsavory material may be effectually removed by soaking the artificial teat in whiskey, and then washing it. Before applying the child to this artificial nipple, the latter ought to be filled with some of the mother's milk; or, if this is not practicable, with sweetened milk and water.

If the nipple shield can be borne and the child can be coaxed to use it, there will be little difficulty in curing the nipples on general principles.

In the event of excoriation of the nipples continuing after this attempt with the artificial nipple, and ulceration setting in, there remains no course but to take the child at once from the breast till the part is sufficiently restored to permit of its reapplication. And here the careful use of a good breast exhauster is important. For, should the breast become engorged whilst the nipple is tender, there is every prospect of abscess of the breast taking place. In my experience, no matter how tender the nipple may be, a *careful regulation of the compression of the ball* by the hand, with occasional relaxation of the nipple to prevent occlusion of the lactiferous tubes, will always result in the almost painless removal of the milk, though, should the breast be hard and yet no milk come, gentle friction at the periphery of the breast may be required to expel the milk from the gland proper into the lactiferous reservoirs under the areola, whence the breast exhauster will readily withdraw it. It will now be comparatively easy to heal the nipple, since the first step in treating a disease is to remove the cause; the impracticability of doing this rendering the treatment of the nipple so unsatisfactory.

[*To be Continued.*]

Ephraim, Utah. WM. H. OLSTEN, M. D.

Injury to the Spine.—Reply to Dr. Pineo.

BY BENJ. T. SHIMWELL, M. D. OF THE MEDICO-CHIRURGICAL COLLEGE.

Editor MEDICAL WORLD:

The difficulty in answering the article, "Injury to Spine," is the absence of any symptoms in the Doctor's communication which would give a positive clue to the diagnosis. Yet, after careful consideration, there are but two conditions that have any bearing on the case, and they are torticollis and caries of the cervical vertebræ.

Torticollis may have its origin through traumatic means and may be due to either a partial or complete luxation of the cervical vertebræ. There may be a condition existing as a change in the muscular structure, which has been called "tumor thickening," the cause of which is not known; this is comparatively common in infants.

The sterno-mastoid is the muscle most commonly concerned in torticollis; yet many cases are effected through the trapezius, splenius, scalenus and other muscles. The relation anatomically may have something to do with the deformity in the region of the vertebræ, yet the statement that the child since the injury has carried its head to one side and finds it difficult at times to hold it erect, does not read like a true case of pure torticollis, for if the latter condition existed, fixation of the head or motion within limitation would be present. While this condition has little for its advocacy, it must be considered, for, while it is evidently not a true case of torticollis, it has an altered condition of the proper physiological state.

When we look into the other disease, we find much in favor of the correctness of the opinion. We first have a history of a child manifesting a strumous cachexia.

It was formerly believed that tubercle in the body of the vertebræ caused inflammation, this followed by secondary changes, softening and

Digitized by Google

gradual spreading of this condition to the intervertebral substance, and therefore loss of substance, especially in the anterior or anterio-lateral aspect, this leading to collapse and consequent deformity. Yet Hilton, Holmes and Sayre hold that it is the result of some traumatism, and the latter surgeon says that it is entirely due to such cause. Yet if we come to think of the many accidents that happen to the growing child by blows and falls, and the few cases comparatively that show "Potts disease," we must look for some other condition to account for it. All practitioners of any experience have seen cases of severe spinal injuries that would make perfect recoveries, and others who would have from the slightest cause the most serious results. Then the natural tendency of strumous or syphilitic systems to osseous degeneration makes us look for some such condition. In the cachexias there is general loss of that vital stamina, that is neccessary for the proper performance of natural function, and when some exciting cause is present this loss of tone is not able to counteract the injury done, and then the change made by the latter cause must gradually progress from worse to worse.

There is no doubt that injury received at some time is a factor, for the fact that the disease is more common in boys than in girls lends support to the traumatic view, as the associates and habits of the former are rougher than those of the latter. The case under discussion did not show any trouble until after it was let fall.

Amongst the symptoms of cervical caries is the presence of torticollis, and the sufferer dislikes to hold the head erect, or to rotate it. There ought to be present dysphagia, rigidity of cervical muscles and a sense of strangulation. Laryngeal irritation and pain in the upper part of the thorax may also be present. The absence of such distinctive signs in the doctor's query makes the case uncertain, yet it would seem, by looking at it in this light, that the possibility of it being caries are very fair.

He asks if a plaster jacket would be advisable? If it is a case of caries, then fixation and support is a necessity. A jacket with jury mast attachments is absolutely needed. All cases of spinal caries, including and above the sixth dorsal vertebra, need the jury mast; any treatment without it is absolutely useless. The recumbent position, with head extension, gives good results, and is advisable in all cases at night. The proper appliance of extension, by either the jury mast or recumbency, gives good results in the majority of cases.

If the diagnosis is correct and the case progresses unfavorably, then retro-pharyngeal abscess musst be looked for, as all cases of this form of abscess is due to this condition. If this should arise, free vent must be given to prevent interference with respiration, which may become so affected as to require tracheotomy. The pus may also follow down the course of the fascia and muscles and reach the mediastinum.

Medicinally, good tonic alterative treatment, plenty of fresh air, care in the selection of diet is particularly essential; all the emunctories are to be watched.

1253 S. 17th Street, Philadelphia, Pa.

Practice in a New Country.

Editor MEDICAL WORLD:

By request I will give you an article on the peculiarities of diseases, and the disadvantages of practice, in a new country. A short geographical, geological and climatological description of this country may not be amiss.

Kimball (formerly called Antelopeville) is a small village twenty miles from the Wyoming Territory line. It is in the Lodge Pole Valley, a clear mountain stream of the same name running through the valley. Cheyenne County is 105 miles long and a little over 70 miles wide. At a special election, held a short time ago, there were 1,800 votes cast. This part of the county—the southwest—commenced to attract settlers only two years ago. During the past year immigration has been active, but owing to the extent of our county it will be some years before it will be well settled. Our altitude is 4,500 feet; the vast rolling table-lands north and south of us are over one hundred feet higher. The soil is a heavy loam, rich in lime, iron and magnesia—very essential elements in the production of cereals. There is a stratum of limestone underlying this whole country; in many places it crops out at the surface. In digging wells numerous petrefactive remains are found, but the air is fatal to them.

Owing to the depth and purity of the water and the peculiarity of the soil, I do not believe typhoid fever will ever become very alarming here. The wells are from 50 to 200 feet deep. There is a number of springs in the county which afford an abundance of excellent water. North of here, 25 to 40 miles, there is quite an abundance of cedar and pine. The rain fall for the past nine months has been 14 inches. The air is clear, pure and invigorating; we seldom have foggy days; in a short time after a shower the sun is shining brightly. During the winter months we are somewhat subject to sudden changes of temperature, but owing to the rarity and dryness of the air, serious congestions do not follow. I have yet to see the first case of lung fever or croup.

During the spring, summer and fall months the weather is beautiful. There is nearly

Digitized by Google

always a gentle breeze stirring, and although it may be hot during the middle of the day, the nights are cool and sleep is refreshing. We have no malaria breeders here; have seen but one case in the year and a half that I have been here, and that came here from Iowa. Quinine and arsenic soon put a quietus to that.

Newcomers from the East notice at once that the air is much lighter, and that for a time they cannot endure violent exercise. A majority of the settlers that have come here are poor; a great many of them had to pay out all their earnings back East in doctor bills. Here these same families get robust and healthy. In short, they come here in quest of health and a portion of Uncle Sam's lands. Of course they have not all been sickly that come here. A great many of the houses are part or full dug-outs, and have ground floors, one window and one door. Some build log houses, a few small neat frame houses. Considering their unhygienic surroundings, I am often surprised to see how healthy these same people look. If we should unfortunately be visited with some contagious disease the death rate would most likely be high. But the settlers will all have better houses in the sweet by-and-by.

Persons with weak lungs appear to do well here. If, however, there are cavities in their lungs, or they are badly hepatized, they would better go where the air is not so rare. Rheumatic and asthmatic patients do well. I know of a number who came here partially on account of severe headaches, myself among them, and we have all improved.

I am the only physician between Sidney and Cheyenne, Wyoming, a distance of 105 miles, and it is 60 miles north, and I do not know how many miles south, to the nearest physician. Sidney, our county seat, nearly 40 miles east, has five doctors, but if there were only two they would make a better living. I hear I am to have competition in a week or two. I hope the doctor will have lots of practice. At present, and in fact all summer, it has been distressingly healthy. Last summer I had quite a number of fever patients; this season they were few and far between. But we all expect better times in days to come. At present it does not pay me at all, but they need a doctor here once in a while, and, as I enjoy pioneer life, I came to live and grow up with the country.

Open wounds do surprisingly well here. It is often impossible to practice good antiseptic treatment, yet with plenty of carbolic acid, carbolized cotton, and a good atomizer, we do very well.

I have not observed what effect this climate will have on organic diseases of the heart; functional troubles do remarkably well.

When I first came here the doctors at Sidney charged pretty good fees; but as living expenses have become cheaper we have lowered our charges correspondingly. Office prescription, $1.00. Visit in town, $1.50. Mileage in the country, $2.00 for first mile and 50 cents for every additional mile one way; medicine generally extra. Ordinary midwifery, $10.00. Forceps delivery, $15.00 to $25.00. Reduction of simple fractures from $5.00 to $40.00. Complicated fractures, $25.00 to $75.00. Amputations in the same proportion. I published my fee bill in our paper last spring and intend to stick to it. A physician must be a general practitioner in the full sense of the word; of course we cannot be as proficient in all the branches as a specialist can in one or two, but we do the best we can. It will be a long time before there will be any room for specialists.

I will now quote several cases of fever peculiar to the climate, taken from my case-book. You will notice that the notes are not very complete in several cases, owing to the fact that they were treated 40 miles away and I could not see them every day. I can imagine I hear some of your numerous readers exclaim: "What! treat a case of fever 40 miles away?"

(Continued next month.)

Kimball, Neb. L. R. MARKLEY, M. D.

A Double Headed Monster.

Editor MEDICAL WORLD:

I was called to see Mrs. A. Sunday morning, Nov. 6th, and found her in labor (about three months pregnant). There was born a fetus, all right, when, on taking hold of the cord, it being very rotten, it broke and, making examination, I found another. When born, I found that it had two heads and only one body, with no arms or legs. The body was about three inches long and passed around in a half circle from one head to the other. The heads were joined together at the back and were perfect, but the monster had been dead too long to preserve. The afterbirth was attached all around, and had to be detached with finger. The mother is at this time doing well. J. A. PROCTOR, M.D.

Union City, Ind.

A Puzzling and Deadly Epidemic.

Editor MEDICAL WORLD:

DEAR SIR:—Can you, or any of the readers of THE MEDICAL WORLD, diagnose or classify a disease having the following symptoms, viz.: The patient is taken suddenly sick with headache, vomiting, high fever; pulse, 155; temperature, 106°; hot dry skin. The tonsils begin to ulcerate in less than 24 hours, and the patient is unable to talk, swallow or sleep. All

this occurs in less than 24 hours. Death takes place in less than 48 hours.

A large number of children have died already. The whole body is covered with efflorescence from the beginning. No albumen in the urine, and the urine is not suppressed. This disease is epidemic here just now. The physicians have not been able to save a single patient. No one is able to give it a name. What would you, or any of the readers of THE WORLD call it?

Igo, Shasta Co., Cal. H. G.

REPLIES.

Editor MEDICAL WORLD:

I beg leave for a little space in which to reply to a few of the inquiries in "Original Communication" department, October number.

In the first place, I will ask Dr. F. P. Gates why he did not give us convincing evidence that his case, reported on page 368, was one of rattlesnake bite; or why he did not even give us *his* reasons for thinking or knowing that it was a case of snake bite?

Dr. Goddard's patient, No. 1, suffered from subinvolution. I suspect fatty heart, which, wearied by the high action of the puerperal condition during sixteen days, succumbed under the depressing effects of the chloral.

All I can do for Dr. E. J. Palmer is to assure him of my sympathy,—aye, of my commiseration.

I can assure Dr. J. E. Edelen that his case, No. 1, suffers subinvolution, with undoubtedly the attendant erosion of os uteri, and probably chronic endometritis. Injections will never do more than to allay symptoms for the time.

Let Dr. Robert Reddish bear in mind that the hydrosis and fetor is caused by the presence and irritation of microscopic parasites, and institute treatment in accordance therewith. Cases of "fidgets," as mentioned by him, are subjects demanding gynecological treatment.

In answer to Dr. T. H. Weathersby, I beg leave to remind him that neuralgia, uterine or otherwise, is only a symptom, and that its cure rests upon discovering its sufficient cause and correcting that. J. D. KELLY, A.M., M.D.

Lowville, N. Y.

A Disappointing Chapter.

Editor MEDICAL WORLD:

When the very affable gentleman, who called on me recently in the interest of a recent work on gynecology, spread out his sample pages, and proceeded to repeat his well conned intellectual bill of fare, he made special mention of the fact that it would contain a chapter on the menopause. In this chapter, a subject very carefully and systematically neglected, was to have the careful consideration its importance deserves. Now, that the volume is before me, I must say that I am sorely disappointed in the chapter on the menopause. Every practitioner of any experience must have met very many cases of almost innumerable variety, wherein reflex nervous phenomena were made very prominent at the time in woman's life denominated the menopause. The variety and extent of these phenomena are only equalled by the difficulties encountered in affecting a cure. The article in question offers surgical advice, and, in fact, but little more than a single page is devoted to the subject proper, the balance of four pages being taken up with the histories of four cases, surgically considered. The opening sentence states that of a dozen best known books on gynecology, not one treats of the menopause. It is to be regretted, that since the advent of this volume, there are thirteen in which little light is offered on a dark subject.

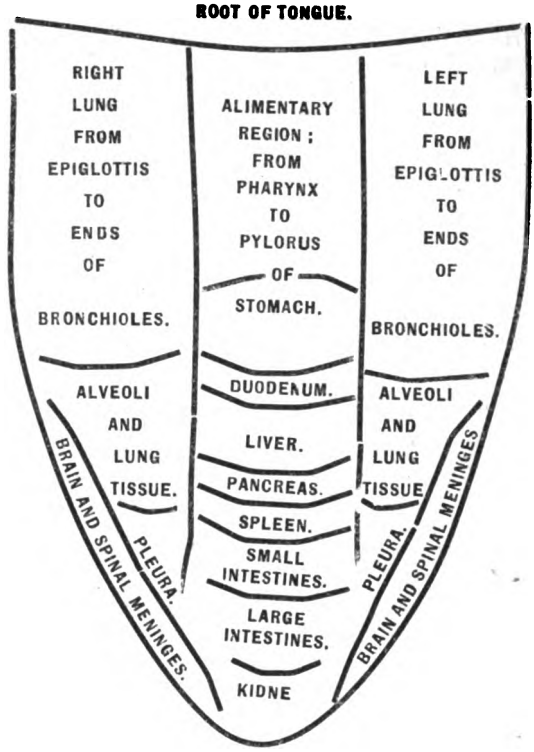
There are, without a doubt, very many cases wherein irregularity in time and quantity of themenstrual flow gives rise to nervous phenomena of unusual occurrence and severity. Nor is it to be supposed that all or even a very large proportion of these cases call for the curette, or uterine dilator. While it cannot be doubted that there are cases calling for surgical interference, yet to dismiss all other treatment and instance cases wherein surgical means have proved curative, is to infer that in such treatment lies our only hope. A very large proportion of cases will hesitate a long time before embracing an opportunity to have the inside of the wound scraped for the cure of a troublesome neuralgia of the face or jaw. In fact it is only in and around the hospital cities, where a medical man can with impunity march up to every case with a speculum and a surgical outfit. The advent of the menstrual flow is marked by a systemic change that is wonderful, and it need not be supposed that the cessation of a habit that has been a part of the body for 30 or 40 years will always or even generally occur without there being made manifest some changes in the system that are very worthy of note. To say that the change of life in a woman is nothing of importance, and needs no care and attention, is to say that the beginning of menstruation is of no moment. To my way of thinking, the menopause is a critical epoch in the life of every woman, not from the dangerous disturbances that always arise, but from the ones that are liable to arise. I am satisfied, from a brief experience and observation, that the subject has not yet received the attention it deserves.

Le Claire, Iowa. J. A. DEARMOND, M.D.

Digitized by Google

Dr. C. Coleman Benson's Map of the Tongue.

(Copyrighted by C. C. Benson.)



The Tongue in Diagnosis.

Editor MEDICAL WORLD:

The above map of the tongue, with its localized seats of relationship to the various organs of the body, which from lengthened study I have originated, places before the observer, at a glance, the condition of any of the organs thereon indicated. In health, the tongue should be of a delicate whitish pink, smooth, and slightly moist.

If a dull whitish color with fur be present, there is in those organs so affected a congestive or *hyper-acid* state; but if redness, with fur, there is a *hyper-alkaline* or inflammatory state. In disease, the tongue at first furs from its root, at the sides and in the middle, but, in returning health, cleans from its tip and sides towards the middle and back part.

Fur, indicates defective circulation.

Humidity, atony with anemia.

Dryness, nervous irritation and debility.

Flabbiness, fullness, tremulousness, indicate impoverished blood, with debility.

Imperfect muscular movement, or difficult articulation, indicate involvement of the cerebro-spinal nerves.

The basic medication for the above conditions will be governed by the color the tongue displays: If white, give alkalis; if red, give acids, with anodynes.

INDICATIONS OF DEGREES OF COLOR.

WHITE:—*If grayish white*, within 2 hours after a meal, it indicates normal digestion; if 4 hours after, arrested digestion.

If white with thin coating, acidity in excess.

If yellowish white acidity with biliary irritation.

If very white, with very thick coating, looking like white flannel, there is intense venous congestion, with paralysis of the sympathetic nervous system, and involvement of the cerebro-spinal meninges. This condition is seen in cerebro-spinal meningitis.

RED:—If pinkish, digestion is just completed.

If red, indicates irritation, with arterial congestion.

If deep red, severe arterial congestion, with nerve irritation and active inflammation.

If bright red, raw or glazed, there is paralysis of the sympathetic nervous system, approaching fatal exhaustion.

BROWN:—*If brownish red, with thick dry coating*, there is arterial congestion with carbonic acid poisoning, and severe nervous and physical prostration threatening death.

Digitized by Google

BLACK:—If blackish, there is blood poisoning from bile and carbonic acid, or sepsis from pus formation, with heart exhaustion.

BLUE:—*Bluish*, there is deficiency in red blood corpuscles and aeration with defective circulation.

Dusky swollen tongue, there is venous congestion becoming arterial or inflammatory, with blood deterioration and imperfect circulation.

Note.—In health there should be a slight predominance of acid over the alkaline elements, which are carried off by the excreting organs when in excess; but should they fail to do so, then the excess of acid becomes organized in the venous system, originates congestive diseases which, if not removed, lead to active or arterial inflammation. The indications of danger in the tongue are tremulous action, dryness, blueness, very red, shining or raw aspect and glazed, heavy furring, and dark or black hue.

DR. C. COLEMAN BENSON.
411 N. Charles St., Baltimore, Md.

[THE MEDICAL WORLD is always glad to encourage original investigations and ideas from its contributors, with the understanding on the part of all that each one will take his chances in the field of actual test. Dr. Benson, in a personal letter, calls particular attention to that portion allotted to the brain and spinal meninges, saying that this discovery has helped him very much in such cases. We commend this subject to our readers for investigation, trusting to hear frankly their confirmation or refutation of Dr. Benson's discoveries.—ED.]

Hot Water in Sprains and Bruises.

Editor MEDICAL WORLD:

During fifteen years of active practice, I have found nothing superior to hot water in the treatment of sprains and bruises, of recent origin.

Without entering into an elaborate discussion of the pathological conditions of the tissues involved in the traumatism, suffice it to say there is impeded circulation, either venous or arterial or both. The result is inflammation, and inflammation means further involvement of tissue and consequent pain.

Hot water baths restore wanting circulation and thereby relieve the affected parts. Where it is practicable, immerse the parts in a bath as hot as can be born for at least fifteen minutes, to be repeated in an hour or two. Where the injury is so located that immersion of the part is impracticable, apply cloths saturated in hot water and renewed frequently. The good effects of this application are sometimes increased by the addition of finely-ground mustard to the water, but this addition is seldom required.

Two days ago I received a severe bruise and sprain of the hand and wrist, which soon became much swollen and extremely painful upon the slightest motion. I am now using the same hand in writing these lines, which I am satisfied would have been an utter impossibility under the usual treatment by liniments, poultices, etc., for at least two weeks.

I do not claim that hot water treatment is a new discovery, but do say that it is a most valuable remedial agent that is too often ignored for a more high-sounding and elaborate plan of treatment.

DR. J. READE.
Traders' Point, Ind.

The Quality of Alcoholic Beverages.

EDITOR MEDICAL WORLD:

With your permission I beg to propose for general discussion in your columns the subject which heads this letter—The Quality of Alcoholic Beverages. The topic is plain and practical in all its bearings; it is also a question of great importance, not only to medical men, but to the general public as well. Indeed, considering the place which alcohol holds in therapeutics, and the extent to which alcoholic stimulants are consumed, but few questions can be of greater importance. The prevailing ignorance or indifference in regard to this aspect of alcoholic beverages, not only amongst the general public, but in the ranks of the profession, affords another strong reason for this discussion.

Let it be strictly borne in mind that it is the composition of these beverages we are to talk about; the question of their utility is excluded for the present. Some few deny that alcohol is ever beneficial, but the great body of the profession regard it as a valuable therapeutic agent. To show where I stand, and to remove all suspicion, I desire to be counted with the majority. As yet we have no drug to take the place of alcohol.

Alcohol is accorded a prominent place in our therapeutics. In one or another of its dilutions it is in constant and extensive use. Alcoholic beverages are useful or otherwise in proportion to the quantity of alcohol they contain, and their purity in other respects. Alcohol is a potent therapeutic agent, manifesting its physiological action in a clear and decisive manner. There can be no doubt about its power. It can do harm as well as good, just like opium and belladonna. An agent so powerful should be prescribed with the utmost exactitude. There should be no guess-work about it. This cannot be done by prescribing wine, beer, whiskey or brandy. These dilutions have no definite standard as we find them. No two

Digitized by Google

samples are alike. The quantity of alcohol is as variable as the other constituents. The other day an eminent New York physician, in the course of a very learned clinic, recommended a "Sonne Port." I am sure that gentleman did not know what his words conveyed. He had some vague notion about a good, stout wine, having plenty of alcohol, and that was all. That patient would be given a vile, imported compound, having nothing in common with the "blood of the grape." Another gentleman recommends Old Bourbon or Kentucky. What does he mean? I am sure that he cannot tell, except that the patient is to be provided with whisky so labeled. It may have been bottled in Chicago, but it is neither better nor worse for that. The patient, however, in all such cases, whether it be wine, beer or whiskey, pays roundly for the comforting belief that he is provided with a superior article. All this is a delusion and a snare.

From the foregoing remarks my reasons for opening this discussion must be apparent. For the sake of brevity, as well as clearness, I shall formulate some abstract propositions, leaving their truth or falsity, for the present, to the consideration of the gentlemen who will kindly favor us with their views.

1. All liquors are prescribed for the alcohol they contain, the choice of variety depending on the amount of required stimulant, and sometimes on the taste of the patient.

2. No well informed physician prescribes alcoholic beverages as a food supply, apart from the alcohol. "There is more nutriment in a loaf of bread than there is in several hogsheads of beer."—(Leibig.)

3. There is very little genuine wine in the market. We cannot prescribe it with confidence. The imported wines are vile compounds, strong in American alcohol, which has crossed the ocean twice. They are not the product of vinous fermentations, but a compound made up to suit the vitiated appetites of the English speaking race. Native wines are better, but few of them are made honestly. They mostly all contain added alcohol and cane sugar. The addition of cane sugar neutralizes the supposed virtues of the grape in no small degree. We never can know in prescribing wine how much alcohol is taken. Neither can we be sure the patient is not taking some deleterous substance that will more than neutralize our treatment.

4. Ale and beer are no longer the product of malt fermentation. One bushel of barley to four of corn is about the proportion used now by brewers. Hops are largely replaced by cannabis indica and other dangerous drugs. The per cent. of alcohol is a shifting and unstable quantity. Whiskey is no longer made in the old-fashioned way. Since the introduction of column stills the mashes are run into alcohol. There is no such thing as rye or malt. To make their particular brands distillers run the alcohol into tubs; reduce with water to the required strength, and add coloring and flavoring matters. Each manufacturer or compounder has his own particular secret way of imparting color and flavor. If there is any Old Bourbon or Kentucky in the market it is the product of small distilleries, made in the old-fashioned way. So much the worse, a great deal. The difference between the old and new methods is in favor of the new. In the old the fusel oil and ethers are retained; in the new they are driven off. Old Bourbon was composed of alcohol, water, fusel oil and the ethers. Modern whiskey is composed of alcohol, water and some harmless coloring and flavoring matters. The popular opinion regarding the purity and superiority of old-fashioned whiskey is erroneous. This arises partly from the extensive manufacture and sale of "forty-rod," which is a cheap and vile compound mostly made in the dark cellars of large cities. The whiskey which leaves the distillery is of uniform strength; in Canada, 25 u. p. Of course this is liable to change in its passage through the hands of the dealers. O fall liquors, whiskey comes nearest to a simple dilution of alcohol. It is therefore the purest and safest.

5. Brandy is supposed to be made from wine. It requires from five to ten gallons of wine to make one gallon of brandy. Yet brandy is sold at the same price as wine. That carries fraud on the face of it. There is no genuine brandy made. All brandies are made in the same way as whiskey. In Canada the favorite brands are Martel and Hennessy. Other brands can scarcely be sold, yet these are no better nor worse than any good pharmacist could compound. Each has its own peculiar color and flavor. Brandy is a huge fraud, except so far as the art flavoring is concerned. Patients sometimes prefer it on this account. Canadians and Americans pay foreign rascals a penalty of millions yearly for stupidity and ignorance.

6. Since it is the contained alcohol we are after, and since the residue is nothing but the menstruum in which the alcohol is administered, the best and safest way is for the physician to compound for himself. A little experimenting is all that is needful to produce a dilution of known strength, having a flavor more agreeable than any in the market, and free from all deleterious substances.

Now, gentlemen of the brotherhood of THE WORLD, I invite your sharpest criticisms. The subject is of immense importance. I believe we are the passive victims, no less than the

Digitized by Google

public, of the hugest fraud the world has ever known. In this discussion we want no "opinions" or speculations. Let none speak but those who have practical knowledge of the question. Amongst the readers of THE WORLD there must be some who are acquainted with the various methods of manufacture; others are acquainted with the crooked ways of the trade, from personal knowledge. It is from these we desire to hear.

Alvinston, Ontario. A. McKINNON.

Dyspareunia.

Editor MEDICAL WORLD:

Is dyspareunia a disease? I ask your opinion in the following case: Mrs. C., age 27, German-Swiss, short, plump, light-complexion, large blue eyes, a typical German, has been married five years, and has two children, ages four and three. She never miscarried, and is always healthy. Six months ago she had an illness of several weeks duration, fever, diarrhea, tympanites, etc. Has been well since. This week she had an attack of cholera morbus.

Now comes the dyspareunia portion of the case. While treating this lady for cholera morbus, she and her husband stated that she had never experienced any pleasure in the act of copulation—never reached the grand climax—the orgasm. They ascribed it to some disease of the sexual apparatus, and asked for aid. The peculiar feature of the case remains to be told. This woman states that a few nights before the first illness she *dreamed*, and experienced what she supposes others experience in the orgasm; also, the night previous to her attack of cholera morbus, and the same night, she again dreamed the happy dreams of a waking impossibility.

She ascribed her subsequent illness in both cases to this, in her case, rare but delusive pleasure.

Is this a physiological or pathological condition of the sexual organs, or the brain? Is it amendable to treatment? Is it possible to transfer this picture from the imagination to the realm of reality?

This woman first menstruated at the age of 13, and, until after the birth of her first child, suffered much from dysmenorrhea and profuse hemorrhage. Since the first birth she has been regular, free from dysmenorrhea, but has had scanty flow.

On examination, the womb and appendages were found to be normal.

This case seems to prove the following:

1. Dyspareunia is *not* a cause of sterility.

2. It does not depend upon a pathological state of the reproductive organs.

3. The sexual faculty or instinct resides in the brain.

4. The orgasm may be produced by—

a. A primary mental concept.

b. A mental concept resulting from a distant pathological condition; and,

c. Deductively, a mental concept produced by various local excitations of the reproductive organs.

5. It may be produced by either one of these causes acting independently, or combined.

I would be pleased to hear from the brethren.

Ferndale, Cal. F. A. ALFORD, M. D.

Death From Burn.—Query.

Editor MEDICAL WORLD:

On September 24th, a messenger asked me to see a scalded child. I told him to ride back and have the child covered with lard and flannel. I arrived at the house about an hour afterwards. The house was full of excited people, child screaming in mother's arms. Dressings all displaced. The mother had placed boiling water on the table to wash dishes, and the child, standing at the table, pulled the vessel over. Both cheeks and right side of body and back and right thigh were scalded so that the skin peeled off in some places. The local druggist had given temporary relief by application of Kennedy's White Pinus Canadensis. He also gave either gr. xl or ʒi of chloral in one ounce of water, of which the child, (aged 15 months) got two half teaspoonfuls.

I applied carbolic acid one part and olive oil eight parts on soft rags covered over with carded cotton.

Then child drank some water and went to sleep.

One hour afterwards I tried to awaken child and could not. It was laboring from obstructed breathing, from accumulating mucus. The mother said it had had such a rattling, but not so bad, from a cold. Finger in fauces, sulphate of zinc, etc., failed to produce vomiting. I gave two doses of whiskey and a turpentine injection. The body was cold and could not be kept warm by friction and hot flannels. Death took place four or five hours after the acccident.

Will any one say what was the cause of death? C. H. DONNELLY, M. D., C.M.

Utopia, Texas.

Dr. Waugh is now one of the editors of the Phila. *Medical Times*. The price of it is $2 per year, but we will furnish it to you for $1.50 if you send with your subscription to THE WORLD. Both for $2.50.

Dr. Q. A. Sturgeon, of Madrid, Iowa, offers 50 cents for a copy of THE MEDICAL WORLD for April, 1887, to complete his file.

Digitized by Google

The Practical Side of Carrying Your Own Medicines.

Editor MEDICAL WORLD:

I desire to say to the readers of THE WORLD that two years of experience in dispensing my own medicines has proven to me that it is a most excellent practice both for the satisfaction it gives to customers and for the many additional half dollar it yields. I live in a town of a thousand people, and my practice is equally divided between town and country surrounding, a radius of ten miles. In country practice one must carry a supply of medicines, and the ownership of a small dispensary saves the physician a run to the druggist to replenish his buggy case every time he has a country call. It gives him a supply of remedies for the treatment of surgical and other office cases requiring immediate relief; and it yelds him a double fee for almost all cases of office consultation, besides saving the physician the embarrassment of asking for his perscription fee in many instances, for the world is full of people who think that a physician should charge nothing for writing a few words on a piece of paper. When first I began practicing, my rival kept a stock of drugs; I didn't, and I found that many people who wanted to patronize me were driven away or kept away because I kept no stock of drugs. Fifty dollars worth of drugs is enough for $1,500 worth of practice. The charges, of which another brother asks in Nebraska, are as follows: Office consultation, simple, 50 cents; if thorough examination is required, $1.00; with medicine, drug store rates added, always charging by quarters, however, as 75c., $1.00, $1.25, etc., according to amount of medicine. Visits in town, $1.00; medicines extra. Country calls, 50 cents mileage and 50 cents for visit; medicine (if worth while), extra. After the ninth mile, however, the conscience of most physicians hurts them, and so it is that trips from ten to fourteen miles are made for $5.00. Confinements, $10.00; instrumental cases extra, according to the nature of the case. If people are poor "size them up" anywhere from $5.00 upward. Do not take less than $5.00; neither take more than a laborer earns in a week. Exercise reason in charging.

Madison, Neb. F. A. LONG, M.D.

A Peculiar Headache.

Editor MEDICAL WORLD:

I would like to ask your many readers what is the *cause* of headache in the following case:

A young man, light complexion and hair, age 25, married, and a farmer, was never sick very much, parents both living and in good health, has been troubled with a severe frontal headache for nearly two years, coming on if he is doing work which requires much stooping over, or after a hearty laugh. It especially follows hearty laughing, lasting fifteen to thirty minutes, when, if no more laughter, no more headache. Sometimes, he states, it seems to hurt the top of the head, as if there is too much pressure. His appetite is fairly good, and he sleeps well.

I helped him some last spring by toning up the nervous system and giving elix. pepsin, bismuth, and strychnine, with nitro-muriatic acid, in water after meals; but the effect was not permanent.

I wish some one would be able to tell me how to give him permanent relief, if it is possible.

Iowa. C. A. S.

Dysentery.

Editor MEDICAL WORLD:

If Dr. Hudson, of Bethel, Tenn., will try the following prescription for dysentery, he will have but little trouble in controlling it, providing he sees the patient within the first few days after the attack. Take of

Sulph. magnes	℥ j ss
Calcined magnes	ʒ ij
Ginger	ʒ j
Ipecac	gr. x

Mix. Dose.—A teaspooful every hour and a half until it produces free watery discharges from the bowels, then withold treatment. Should a relapse to small dysenteric discharges occur, repeat as before.

After the condition of the bowels is changed, I frequently follow with the following as a tonic. Take of

Quinine	gr. xx
Leptandrin	gr. x
Hydrastis	gr. v
Subnitrate of bismuth	gr. xx

Mix, and divide into ten powders. Dose.—One powder once in three or four hours.

The above prescriptions are for an adult. Change dose according to age.

I have been using this treatment for dysentery twelve years, with almost perfect success.

Lebanon, Ill. J. M. JONES, M. D.

Reflex Neurosis.

Editor MEDICAL WORLD:

A short history of the following case may not prove uninteresting to some of your readers.

A young lady, married, aged twenty-five, mother of two children, had for two years gradually failed in health. She complained of numerous reflex nervous symptoms, such as pain in the back, pain under the shoulders, darting pain through the chest, palpitation of the heart, with more or less mental aberration at times. At times she complained also of a dull pain and

Digitized by Google

dragging sensation low down in front. Her skin was of an unhealthy color and her appetite poor; besides she complained of a nauseating feeling in the stomach, symptoms that, at first sight, would lead a thoughtless observer to believe that the prime seat of her trouble was in the liver and stomach. She had, however, been treated for "deranged stomach and liver," without marked benefit, for some time. She showed no symptoms of pregnancy, her menstrural flow being regular every month. An examination *per vaginum* showed no prolapsus, ulceration, or laceration of the neck of the womb, or any symptom to indicate any local trouble of the part. The womb, however, seemed slightly enlarged, but this was attributed to subinvolution. Shortly after my first visit she was taken with persistent vomiting. All the remedies usually used for vomiting of pregnancy were tried, but the vomiting and nausea continued. Painting the os uteri with a strong solution of nitrate of silver seemed to alleviate this distress more markedly than all other treatment, however; but it was only temporary and the symptoms returned after a few days, as severe as ever. I concluded there must be some foreign body in the womb. I made an examination with the sound, but could not determine any abnormal condition with any certainty. I placed her on small and frequently repeated doses of fluid extract of ergot and waited for results. The next day I was hurriedly called with the word that my patient was dying. After reaching the bedside I found her bleeding profusely, and entirely unconscious from the excessive loss of blood. An examination revealed a small sac filled with water, evidently what our books call a hydatid tumor. The patient gained from this point very markedly, her nausea and reflex symptoms leaving her entirely. She is now a hearty, healthy woman. The diagnosis of the case was the only point of difficulty in my experience with it. The most prominent symptom indicated an impaired functional activity of the liver and stomach. It teaches us how *remote* from the *apparent* seat of a trouble the *real* cause frequently lies. M. P. OVERHOLSER, M. D.

Simpson, Kansas.

Case of Placenta Previa Without Hemorrhage.

Editor MEDICAL WORLD:

I was called on in haste, October 30th, 1871, to see Mrs. H., of this city. On visiting her she told me that she thought she was ill, and was pregnant about seven months, and said that she had a slight show. Examined, and thought that the membranes were fully distended, and almost protruding from the vulva.

As she was lying on a small sofa, and in her best dress, I had her changed and put in bed as quickly as possible. After lying in bed for a few minutes she said, "Doctor, the waters are coming away." What was my surprise to find that the placenta was expelled in the bed, not a drop of blood issuing from the uterus, or the divided end of the placenta, which I afterwards examined, and concluded that it was about three-fourths of the entire placenta. It appeared to me that the lateral contraction of the cervix uteri actually cut it off, as if by ligature or by the ecraseur. My first thought was to deliver her, and I placed her on her left side, but found that the os uteri was contracted, so that I could not introduce my finger. All this time there was no hemorrhage whatever.

After a while I examined and felt the remaining part of the placenta firmly adhering to the lower part of the cervix uteri (Barnes' dangerous seat), and tried to detach it. I again repeat that not a drop of blood was escaping. I contented myself by giving small doses of fluid extract of ergot every fifteen minutes, which excited slight pains. I occasionally examined, but could not feel the presenting part. All this time I was on the *qui vive* least hemorrhage should occur. In about an hour she had an expulsive pain, a foot presenting. I then delivered her of a live boy about the *full term*.

Now, Barnes, Churchill, Simpson, and others, say that when the placenta is expelled, either by traction or "acouchment force," that the child will not be born alive if there is ten minutes delay in delivery. In my ca e, the labor was more than one hour. The remaining part of the placenta (about four ounces) came away together with the funis, still less hemorrhage than the normal quantity occurring.

This woman was the mother of eleven children; the first lived three years; the next two years; all the rest were premature, with the exception of the one I delivered.

She was an exceedingly delicate woman, but got along quite well.

I believe that in the remaining adherent placenta there was sufficient placental circulation of blood to keep this baby alive. Barnes quotes Merceur and Caseaux, that hemorrhage did not occur during labor in placenta previa cases they attended.

All the authors that I have consulted say that the placenta may be expelled, but that the child will be born dead. But none of them say that *half* or *three-fourths* of the placenta may be expelled, and the child be *born alive*, as in my case, *without hemorrhage*.

H. C. MURPHY, M. D.

No. 2 Franklin Place, Troy, N. Y.

Digitized by Google

Formula for Velpeau's Compound.

[Velpeau's Compound was mentioned in Dr. Hyatt's article, "Don't Write Prescriptions," June WORLD, page 188. We have received many inquiries for the formula, and now Dr. H. kindly gives it.—ED.]

Editor MEDICAL WORLD:

The formula for Velpeau's Compound was given me several years ago by a friend. The drug stores have destroyed their old prescription files and I have lost my copy. After putting it up for myself a few times, I found that if I followed a certain plan in making the compound the resulting mass was always what I wanted. This is how I do it: An ounce block of carbonate of magnesia is shaved down with a knife, and all the little lumps broken up thoroughly, the whole being reduced to a powder. This is done on a marble slab. Balsam copaibæ, in teaspoonful quantities, is added and worked in with a strong spatula until the mass is stiff enough to be taken in the hands and kneaded without sticking. The dough is now rolled in powdered cubebs and as much worked into it as well can be. Dose, a piece the size of the last joint of the little finger, after meals. It never disagrees with the most delicate stomach, and stops the scalding in twelve hours. H. O. HYATT, M.D.

Kinston, N. C.

Docile Mania.

Editor MEDICAL WORLD:

I offer reply to J. E. Edelen, Pineville, Mo. Call the young lady's case "docile mania," Doctor, and prescribe the following: A good nurse, perfect rest, one drachm of Warburg's tincture daily, before breakfast; hot vaginal douches, and the following pill, given every hour or two hours as indicated:

℞ Pulv. camph.....grs. vi.
Ext. hyoscayam.....grs. xiv.
Pulv. digitalis.....grs. iv.
Mucil. acaciæ.....q. s.
M. Ft. pill No. vi.

This pill followed by the compound bromide mixture, the formula of which is here given, until the patient is well:

℞ Sodii bromidi
Ammonii bromidi.....āā....ʒss
Pot. bromidi.....ʒj
Syr. hypophosphitis comp.....fʒiij
Syr. tolut.....fʒj
Aq. menth. pip.....fʒiss
Liq. pot. arsenit.....fʒj
M. Dose, two teaspoonfuls three times daily in water.

Salt Lake City, Utah. DR. J. O. REED.

Now get a Binder for 1888.

Parson's Local Anesthetic—Ammoniacal Urine.

Editor MEDICAL WORLD:

In the November number is given the formula for Parson's Local Anesthetic. What is the range of its application? Could it be used in extracting teeth without pain? I have an anticipated patient, who tells me his urine smells like "sancho"—a very bad odor. If not due to ammoniacal change, what would cause such an odor? He is taking no medicine, and his urine is clear and with apparently no sediment, so he tells me. He is to send a sample for analysis. L. H. KITCHEL.

[We think the anesthetic could be advantageously used in tooth-pulling. The Pyrethrum in the formula is not Pyrethrum Roseum, from which insect powder is obtained, but the officinal Pyrethrum or Pellitory, the root of *Anacylus Pyrethrum*, of northern Africa. It first irritates the nerves and vessels, but soon blunts their sensibility. Urine, after it stands several hours, is apt to give out an ammoniacal odor. If it does so while fresh, it indicates organic disease of some portion of the urinary tract.—ED.]

Hemorrhagic Diathesis.—Peculiar Convulsions.

Editor MEDICAL WORLD:

I have received a number of letters, and an abundance of advice through THE MEDICAL WORD in regard to the case of hemorrhagic diathesis I reported a few weeks ago, and will say that I have tried at various times in the past nearly all the remedies that have been kindly suggested by my co-laborers, and am sorry to say that everything as yet has failed to effect a cure.

I have given ergot in all its forms, arsenic, viburnum prunifolium, and used externally caustics of almost every kind, with but little effect.

When a hemorrhage is started it generally lasts several days, intermitting, of course, at times for several hours, and generally ceases of its own accord. This family has been under my care for several years, and I have tried almost all remedies suggested by M. D.s from Maine to California, and from the lakes to the gulf, and am now ready for the next man.

I will give you another case which has almost outwitted me.

The patient is a farmer about forty years of age, stout, well-built man, never has been sick excepting that when he contracts a cold he has violent spells of coughing, followed by vomiting, and, later on, by *terrible fits*, which last for several days.

This state of affairs has existed about six years. Prior to that time he never was sick a day in his life, and now when he is free from cold he is apparently in perfect health.

Digitized by Google

Four years ago the fits lasted on him about six weeks, during which time he would average about forty every twenty-four hours, and when they stopped his mind was deranged, and so continued for several months, but he gradually regained his health and mind. Since that time he has had several attacks of short duration. What is the probable cause of the extreme coughing and fits? And what is the treatment?

Spencerville, O. J. R. WELCH, M. D.

Is Rötheln a Distinct Disease?

Editor MEDICAL WORLD:

Rötheln is a disease about which we hear but little. Is this due to the fact that those who recognize it as a distinct disease consider it of little consequence, and those who do not, treat it as a mild form of scarlatina, measles or roseola?

Flint discusses the subject very briefly, and says that no treatment is necessary; and, also, that there is no catarrhal trouble associated with it. But he seems to confound it with roseola.

Neligan calls it "bastard measles," and says, practically, nothing more about it.

Ellis, on disease of children, says: "It partakes of the characters of both measles and scarlatina; the rash resembling that of measles; temperature never rising above 100° F."

Prof. Hinnock says that his own experience with it will not justify him in forming an opinion as to its true nature.

Prof. Bristowe makes no distinction whatever between rötheln and roseola.

Prof. J. Lewis Smith, in his admirable treatise on diseases of children, devotes nine pages to rötheln, and describes it in a masterly manner. His description of it makes it a separate and distinct disease, as much so as any of the diseases with which it is so often confounded.

Dr. John P. Corcoran, of Detroit, in a paper published in the *Medical Age*, March 10, 1887, says, after giving his experience with rötheln: "If you have a mild case of scarlatina call it Dutch measles, or rötheln, and if you have a very severe case of rötheln call it scarlatina, but in every case look out for albuminuria."

We have refrained from quoting the above authors at length, because we did not wish to consume too much space in the pages of this journal with a discussion of a subject in which the general practitioners take so little interest. But those who wish to investigate the subject more thoroughly should read what they have to say, and especially Dr. Smith.

We now wish to give our own experience with this disease, which occurred here in the form of an epidemic last spring. And for the sake of brevity will allow the reader to make his own comparison of it with the statements of the authors quoted, and draw his own conclusions.

The first case we saw, a negro, came to us April 16th, with an eruption upon his face, arms and body, the lower extremities being free from it, consisting of pin-head, always discreet, papules. Temperature, 99.2°; pulse, 84; slight nausea and photophobia. Upon questioning him we learned that on the previous night he had eaten a can of oysters, which was something unusual for him. Supposing that the symptoms had their origin in the derangement of digestion, produced by the unusual meal, or from the special effects of the oysters, I ordered magnesia sulph., ℥j, to clear out the intestinal tract. Not feeling satisfied with our diagnosis, we took the precaution to tell our patient to let us hear from him on the following day. A week passed before we heard anything further of him, when he came to us with a little girl, aged six, living in his family, and to consult us in regard to his babe of three months. He reported in regard to himself that on the next day the eruption began to disappear, and on the third day, with all other symptoms, was entirely gone. There was slight desquamation. He said his babe was affected exactly as he was. The little girl's case was almost identical with his. The temperature was 99.8°; pulse, 95; slight catarrhal trouble. After seeing this case I concluded that the oysters the man ate were not affecting the children, consequently I at once diagnosed rötheln. Following these cases I saw eight or ten with the same trouble, with but slight variations, until May 13th, when I was called to a boy of ten. In this case there was no deviation from the general rule, except in intensity of symptoms. Pulse, 115; temperature, 101° F.; respiration, 28. He complained of considerable headache and photophobia. The eruption was as previously described, except more closely set, though not confluent. Considerable desquamation followed, beginning on the third day. This patient was confined to his room but one day, and that the first day of his illness. On this day also his temperature, pulse, and respiration ran highest in the latter part of the day. On the fourth day he was about as well as usual. In this case the catarrhal trouble was more extensive than usual, though not very severe.

During the epidemic which followed the introduction of the disease into our community I saw numerous cases unworthy of special mention, but they all presented the general characteristics. In the mild cases catarrhal trouble and photophobia were absent. Not one case required any special treatment. The age of the patients

Digitized by Google

I saw ranged from three months to twenty-two years.

I consider it worthy of note that an epidemic of measles followed immediately upon the cessation of the rötheln epidemic, and several of those who had rötheln also had measles. One case, during an epidemic of roseola here in the spring of 1886, had had that disease, and last spring had rötheln, this summer had measles. According to Prof. Smith an epidemic of rötheln is apt to follow one of measles; in this instance it preceeded. Might there not be some atmospheric element in the etiology of these two diseases that has not yet been appreciated?

Rötheln certainly has no connection with scarlatina, as it has been years since a case was known in this country, at least no connection that always exists.

My recent experience has not left the slightest doubt in my mind that rötheln is a separate and distinct disease, as much so as small-pox.

I had neglected to mention that I found no traces of albumen in the urine of any of my patients, though I examined the urine of eight or ten only. C. L. C. ATKINSON, M. D.

Loachapoka, Ala.

Cocaine in Dysmenorrhea.

Editor MEDICAL WORLD:

Having employed the new anesthetic, cocaine, with the happiest results, in a case of dysmenorrhea, I thought it might be of interest to publish the facts of my case.

My patient has suffered for years from painful menstruation. She was pregnant five years ago. When reaching seven months she aborted, caused by a fall down steps. She was delivered with forceps while under an anesthetic. Ever since she has been a sufferer from painful menstruation, accompanying a retroflexion of the uterus, with adhesions at posterior parts. The deformity of the uterus has been rectified by treatment, but the pain during the menstrual period is still as agonizing as ever. The most acute and intolerable anguish is felt in the right inguinal region, and is accompanied by a severe pressing-down pain; nausea and vomiting add to her distress. I have been called at short notice to relieve her of her suffering by morphine, and also by forcible dilatation of the uterus, which is merely a temporary relief. Morphine produces such disagreeable effects that the remedy is only not quite as bad as the disease. It excites the nervous system, banishes sleep, adds to the nausea, increases the prostration, destroys the appetite, and causes more or less an appetite for the drug.

In my last visit I thought I must use something better than morphia. I at once came to the conclusion that I would use cocaine. I injected subcutaneously, over the right ovary, at first two, increased afterwards to five, minims of a four per cent. solution. Almost immediately, after each injection, the pain ceased to be felt, the nausea and colic (as she called it, "gas in my bowel; it almost kills me"), were relieved and instead of wakefulness and excitement, a soothing effect, inclining to sleep and rest, were experienced. Five minims of a four per cent. solution were sufficient to afford relief six to eight hours, and a comparative immunity for a much longer period. The only symptom or unpleasant effect experienced was a slightly bitter taste imparted to the tongue.

If cocaine can thus be made to supersede morphia in such cases, it will certainly prove an inestimable boon to many an unfortunate sufferer.

And if it is able to relieve that excruciating intestinal pain, usually called gas or wind colic, which in so many cases is sure to follow the slightest surgical interference with the uterus, this, of itself, will be no mean trophy added to its many wonderful triumphs over human suffering. I am using it in all my dysmenorrhea cases, and find it works like a charm.

Bangor, Pa. D. H. KELLER, M.D.

[How about the danger of acquiring a cocaine habit, which is said to be even more terrible than the morphine habit?—ED.]

Hour-glass Contraction.

Editor MEDICAL WORLD:

The other evening I was called quite a distance away to attend M. C. M., a primipara, 28 years of age.

The patient had been subject to chorea for some ten years, and besides was in a low state of health.

When I arrived she had been in labor about ten hours and the os was dilated to about the size of a silver dollar. Everything progressing favorably; nothing was done until the head was well down against the perineum, when, the pains having nearly ceased and not responding to hot pediluvium and hot applications to the abdomen, I gave a drachm of Squibb's fl. ext. ergot. In twenty minutes the pains were regular again, not spasmodic, and in a short time a seven months' child was delivered. The child was nearly asphyxiated, but responded to the warm bath, and in a short time cried and breathed regularly.

On making one or two ineffectual attempts to extract the placenta by Crede's method, I discovered a stricture at the internal os, the walls of the uterus hugging the cord quite tightly.

I administered ether and succeeded in dilating

Digitized by Google

the stricture with my fingers and extracting the placenta.

The patient came out of the anesthesia in good condition and is making a good recovery.

Ordinarily I should have used forceps, but had sent mine away for repairs, and was twenty miles away from any other physician who had any.

I have had quite an extensive experience in obstetric work, and this was the first case of the kind I had ever seen. Was this due to the ergot, or the choreic condition of the patient, or both? C. A. CHURCH, M.D.

Bloomingdale, N. Y.

Observations on Phthisis.

Editor MEDICAL WORLD:

Bacillus tuberculosis has become a fearful epidemic, having a predilection for the brain, and seems to be playing havoc with many of the profession.

I have always understood tuberculosis to be a systemic or constitutional disease—no matter where its location in the organism may be. It is also hereditary, and, I have not the slightest doubt, communicable.

In my opinion the microbes found in the sputa of many—not all—cases, *are not the cause*, notwithstanding the assertions of Koch to the contrary, but only the result, or *sequence* of the disease.

Tuberculosis, when not communicated by infection, is already well advanced before microbes can be found in the subject; whence, then, the pathological conditions indicating the use of germicides, especially carbonic acid and sulphureted hydrogen gases, or later, aniline? But time will establish the salutary influence of this class of agents or dispell the illusion.

When a certain amount of lung is destroyed by tubercular deposits the subject must die. There is no indication or treatment that can bring about a reproduction of lung tissue. Yet in its earlier stages the disease can be cured. Therefore in the treatment of this fell destroyer of the human race, the indications are the adoption of such means, hygenic and therapeutic, as will be conducive to a thorough change from a pathological to a physiological condition of system; for example, restore the harmony of the functions, preserve the digestive organs intact by avoiding all means that may impair their functions, especially cod-liver oil, the abuse of expectorants and mercurial preparations. Advise good nourishment, restorative remedies, open air, moderate exercise, expansion of chest by inhalation gradually increased, reading aloud, etc.

Phthisis pulmonalis. Synonym, house disease. Why, many cases get well by horseback exercise persisted in systematically, or by being drafted into the army, or by tent life in the open air in localities free from malaria. Prostrating mental emotions, malaria—in short, all means that depress the vital forces, predispose to the disease.

Madison, Ind. W. D. HUTCHINGS, M.D.

Neuralgine.—Answer to Dr. A. Kempis.

Editor MEDICAL WORLD:

The editor's prescriptions for "Neuralgine," as given in Vol. 4, No. 3, page 101, are correct. I think the writer uses English aconite. My formula, which I have used with the best results when everything else failed, is the following:

℞ Tinct. aconiti radinis, U. S. P....ʒ j, ♏ iv
Tinct. opii.....ʒ j, ♏ xxxvj
Chloroformi,
Essence pepermint.....āā..ʒ ij, ♏ xl
M. Dose, 30 drops.

As you will perceive, I only changed the dose of the aconite. Try it, and let us know how it suits you. JULIUS WESSELOWSKI.

Jewell City, Kansas.

[We can supply Vol. 4, No. 4 above referred to, with nine other numbers for 1886, ten numbers in all, containing many valuable formulas, etc., for 50 cents.—EDS.]

For Urticaria.

Editor MEDICAL WORLD:

In answer to L. M. Mays, M. D., as to a cure for urticaria, *febris rubra prurigino*, my treatment is as follows:

℞ Acidi sulphurici diluti.....
Aceti vini.....āā q. s.
Wash the affected parts.

℞ Sulphuris.....ʒ ss
Vaselini carbolati.....ʒ iv
M. SIG.—Anoint well after each washing. Use three to four times a day.

It always cures in my hands.

Stanton, Mich. J. B. SULLIVAN, M. D.

Physician's Badges—Cure for Itch—Acid for Nurses' Sore Throat.

Editor MEDICAL WORLD:

Who, of your readers, will suggest an ideal badge instead of distinguishing clothing?

A better remedy for itch than any in the books is kerosene.

To Dr. Badger I would say that in sore mouth of lactation, or pregnancy, if due to acidity, which is generally the case, aromatic sulphuric acid *after* meals is *the* remedy.

A book exchange column, with also books for sale, we would all be interested in.

Kreamer, Pa. J. N. SEIP, M.D.

Digitized by Google

Replies to Queries in Nov. World.

BY PROF. A. S. GERHARD, A. M., M. D.,
of the Medico-Chirurgical College.

Editor MEDICAL WORLD:

In reply to E. E. Conover, M.D., page 417, it may be stated that the case looks like "pernicious anemia," so-called. The objective symptoms as to functional activity of the internal organs, especially lungs, heart, and uterus, are not given, but patients suffering in the manner described do well under a general tonic treatment, continued for an indefinite length of time, something like as follows:

℞ Tincturæ nucis vomicæ,
Tincturæ digitalis.....āā f ʒ ij
Tincturæ ferri chloridi.....f ʒ iij
Acidi phosphorici diluti.....f ʒ ss
Syrupi acidi citrici.....q. s. ad f ℥ iss
M. S.—Take a dessertspoonful, largely diluted, three times a day.

N. B.—Has a total inactivity of the sexual function anything to do with the case?

Jack relates a case of functional impotence (page 407) which is typical. The prognosis is favorable and the therapy simple. Let the man be taught that the emptying of the seminal vesicles, at proper intervals, is as physiological as the emptying of the urinary bladder. Let the man understand that his impotence is more "on his brain" than on anything else. Let him be impressed with the importance of avoiding anything and everything calculated to excite his amative propensities. Having such a model wife, it will be doubly easy for him to turn *Adonis* for an indefinite length of time. His wife, if properly instructed, can materially assist him; she must not act the *Venus*. It short, let him forget that he possesses sexual organs, and that he ever abused them. If his weakened organs are thus kept at rest for a sufficient length of time, he will regain the power to "develop his wife's sexual appetite" sooner or later. To assist the procuring of this needed rest, an antaphrodisiac is indicated, say potassium bromide, thirty grains three times a day.

Geo. H. Rice, M. D. (page 405), "wants help and as soon as possible." The case which he presents is an *opprobrium*, and by no means of rare occurrence, especially in large cities. The patient's trouble at bottom is of the *hysterical sort*. The doctor is perfectly correct in recognizing it as a species of monomania. His proposed plan of treatment is perfectly justifiable, and has been practiced with perfect success by greater men than either he or I, but care must be taken that one does not "get caught at it." Specific medical treatment here is of no avail. General medical treatment can be applied only *pro re nata*. The best thing to do is to subject such a patient to perfect isolation and the *absolute rest cure*, as devised and practiced by Dr. S. Weir Mitchell of this city and others, together with the judicious use of strict dietetics, and the rational application of electricity and masso-therapy, which, of course, is possible only in a properly appointed institution or hospital.

All forms of syphilis must be treated on the same general principles. Let Dr. C. Bishop try the following special plan in the case he cites (page 425): Potassium iodide in supersaturated solution with water (equal parts by weight). Let the patient take 5 drops three times a day for a period of four days; the next period of four days, 10 drops three times per day; the next four days, 15 drops; the next, 20 drops, and so on in the same ratio until he takes 50, 80, 100 or more drops three times per day, largely diluted, until the induration is removed or iodinism is produced. Let him also take three grains of blue mass daily at bedtime. Let him use the following externally:

℞ Hydrarg. chlor. corrosiv.....gr. ⅙
Ammonii chloridi.....gr. viij
Aquæ distillatæ.....q. s. ad solutionem.
Tum adde vaselini.....ʒ ss
Lanolini.....ʒ ij
M. et ft. unguent. S.—Apply morning and night.

Let the patient keep religiously clean and *continent*.

The patient of A. A. Chapman, M. D. evidently suffers from pressure in or upon the right anterior lobe of the cerebrum, page 425. It is of course impossible to say whether this pressure is caused by some neoplasm, tumor, extravasation, blood-clot, or what not. According to the symptoms described a process of softening, or perhaps suppuration, seems now to be going on. The treatment indicated seems to be the internal administration of the potassium iodide and bromide in full doses, and the external application of iodine tincture, or inunction with iodoform, ʒ j to ʒ j of lanoline. Would not this be a favorable case for trepanning?

The case of chronic endocarditis, cited by M. L. Allen, M. D., page 425, "seems to be doing very well." "He is slowly improving, but would like him to do better if possible." Now, why not leave well enough alone? In such cases I think it is a mistake to practice polypharmacy. Gen. Grant made a now historical remark which has often done me great good: "I shall fight it out on this line if it takes all summer." As a heart tonic perhaps strophanthus would do better than digitalis, two or three minims of the tincture, or gr. $\frac{1}{60}$ of strophanthine three times a day (see page 394 of Nov. WORLD). To prevent, or to facilitate the resolution of fibrinous deposits upon the margin of the valves, I would suggest the use of the following:

Digitized by Google

℞ Liquoris potassii arsenitis..... 2 parts.
Potassii iodidii..... 3 "
Vini colchici radicis..... 4 "
Syrupi stillingiæ comp..... 15 "
Aquæ distillatæ..... 40 "
M. S.—Take a teaspoonful three times a day.

Dr. J. L. Baird (page 425) states his case of eczema in such general terms, giving no symptoms whatever, either subjective or objective, that it is impossible to give anything but very general hints as to treatment in that particular case. Does the microscope show the case to be parasitic or not? Is the patient plethoric or anemic? How is the lady's general health? How long has she passed the change of life, if at all? etc., etc. To "give the best treatment for chronic eczema" requires the writing of a respectable pamphlet. The internal administration of the syrup of the iodide of iron and manganese is recommended. Resorcin, chrysarobin, ichthyol, salicylic acid, either alone or in combination, with lanolin and vasaline as excipients are now largely used locally. Lustgarten prescribes the following, which is at least a prompt and efficient palliative, and possibly a cure:

℞ Cocaine alcinici.....gr. vj to xv
Lanolin.....℥ iv., ss
Olei olivarum.....♏ xxx
M. et ft. unguent.
Sig.—To be rubbed thoroughly into the affected parts twice in twenty-four hours for several minutes; apply powder afterwards.

J. M. Haralson, M. D., of Pleasant Hope, Mo., writes substantially as follows (not published):

S. A., female, aged ten months, was attacked February 15th, 1887, with vomiting, high fever and restlessness. Visited her February 16th and found her still vomiting (which continued incessantly until the 21st, when it ceased after giving ext. fld. ergot in ice water); pulse, 120; axillary temperature, 104°; head hot; pupils not dilated, and ears and extremities cold.

February 17th, apparently no fever, but the rectal temperature was 104°; administered calomel and jalap, *equal parts*, which produced green, slimy discharges by the 18th. Also ordered cold effusions to head and nape of neck, sinapisms to spine and feet.

February 18th, patient rested very well; kidneys and bowels acted freely; partook of nourishment; axillary temperature, 103°. But on this visit noticed *paralysis of left arm*. Gave in addition potassium bromide and digitalis.

February 19th, bowels and kidneys continue to act well. Temperature, 102½°; pulse, 120; child conscious; nursing and resting well; playful; head cool; but *when the clock would strike* she frowned, tossed and rolled her head, but no delirium nor unconsciousness.

February 20th, axillary temperature 101°, pulse 120, head hot, bowels and kidneys still acting well. Slept well in forepart of night, but more after 2 o'clock P. M., and was lively again at 6 o'clock A. M. Bromide and digitalis continued, and 5 ♏ doses of fld. ext. ergot added every two or three hours in ice-water, with the effect of stopping the vomiting,

February 21st, found her playing; appetite good; no vomiting; kidneys and bowels still acting well; had slept well; pulse, 85; axillary temperature, 98½°. In the afternoon was suddenly recalled; child had a severe convulsion at 2 o'clock P. M. Upon my arrival found patient recovered from the convulsion; extremities cold; pupils contracted; temperature, 103½°; pulse, 130; appetite good; no vomiting. Continued the treatment with increase of bromide, and added hot foot-baths and mustard to spine; remained with patient two or three hours.

February 22d. Patient semi-comatose; eyes glassy and staring; pupils dilated; bowels constipated; kidneys active; pulse 146, feeble; temperature (axilla), 102°. Ordered, in addition, Bourbon whiskey.

February 23d. Head retracted, nodding toward left shoulder; partial paralysis of left leg, crossing the right one just above the knee; bowels constipated, but kidneys active; pulse very rapid and feeble; temperature, 102°. This condition of things continued very much the same way during the succeeding days, with great hyperesthesia and convulsive movements, until the 27th of February, 12 o'clock, when the patient died.

Now the doctor asks the contributors of THE WORLD to give him their treatment of cerebro-spinal fever.

It is impossible, at such a distance, to make a differential diagnosis, though the description is minute and detailed, and, therefore, the doctor's treatment is not subject to criticism. From the whole course and history of the case, as detailed, I am of the opinion that the case was not one of cerebro-spinal meningitis, or spotted fever, so-called, but of simple meningitis or "brain fever," with effusion, or, which seems to me more probable, *tubercular meningitis*. No previous nor antecedent history is given; nor is any mention made of the existence of an epidemic, petechia, or other symptoms of epidemic cerebro-spinal meningitis. The prognosis in all such cases is so unfavorable that it makes very little difference regarding the ultimate result, as to what special treatment is pursued, provided that the general principle of such treatment is based upon sound judgment as to etiology, pathology and diagnosis.

618 N. Sixteenth street, Phila.

Digitized by Google

New Elements or Combinations?—Dr. Peckham's Case of Plethora Abdominalis.

Editor MEDICAL WORLD:

In your February number, page 49, we find, penned by Dr. C. E. Frost: "We well know that the blending of elements frequently changes them so as to lose their originality entirely, thereby forming a new element, possessing none of the distinct properties of either of the constituents." Is this correct? I understand, from the works of Dr. Herle, that elements in constant mutation, produce new chemical combinations, like chalk, salts, fibrin, casein, etc., but no new elements. Did I misinterpret Dr. Herle? or is Dr. Frost wrong?

The case of Dr. Geo. I. Peckham, of Elyria, Ohio, in September, page 344, appears to be plethora abdominalis, and the distress indicates future blind piles, of which I have found such symptoms to be the precursor. Has Dr. P. carefully inquired of his patient for any indications of slimy anal discharges, probably mistaken for sweat? or whether he felt chafed, sometimes without apparent cause? or can he discover any small lead colored spots, tinged with yellow, on the linen? These facts would confirm the diagnosis. The appropriate treatment would be suppositories containing a saturated solution of sulphate of zinc.

Rochester, N. Y. ARTHUR KOPP, M. D.

The Discussion of Cholera Infantum.

During the year just closing, we have had a very interesting and profitable discussion on the above subject. In the May No., page 144, Dr. Benj. Edson, of Brooklyn, N. Y., opened the discussion by giving some timely remarks on the gastro-intestinal disorders of children. In the course of his article he gave an excellent and reliable prescription for the ordinary summer diarrheas:

℞ Tr. ipecac. et opii.....f℥ j
Bismuthi subnitrat.....℥ iij
Mist cretæ.....ad..f℥ iv
S.—℥ss–j every 2 to 4 hours, p. r. n.

In the June No., page 179, Dr. William W. Murray, of Suffolk, Va., sounded a note of warning in regard to the use of opiates in cholera infantum, believing that it is not properly indicated in that disease. Although he referred to Dr. Edson's article of the previous month, yet Dr. Edson could properly have disclaimed the allusion to himself, as his original article made no mention of cholera infantum. However, in the July number, page 206, he yielded up that claim by replying to Dr. Murray, and assuming the responsibility of defending and recommending the use of opium (*tr. ipecac. et opii*) in the disease under consideration. To this Dr. Murray responds in August, page 298, with a fair presentation of his reasons for ruling out opium from among his list of aids in fighting cholera infantum, placing it in the position of a traitor, in that it principally aids the enemy.

In September, page 326, Dr. Edson replies, claiming that Dr. Murray's statement was designedly misleading, inasmuch as the original article in May contained no mention of cholera infantum, but treated only of the ordinary summer diarrheas of children. Dr. Murray, in a letter which we could not publish, as the subject had already run past its season, very properly objects to the imputation of designedly misleading the readers of THE MEDICAL WORLD. Dr. Edson had himself assumed the responsibility, in his July letter, of defending the cause.

We know both these gentleman to be bright thinkers, and able men, and we are glad our readers have had the benefit of their views. We shall look, in May next, for a reopening of the subject, and for a discussion in which we shall all learn much. EDS.

For Chronic Eczema.

Reply to Dr. Baird.

℞ Ichtyol.....
Alcohol.....āā..f℥ j
Aquæ.....f℥ j
M. S.—Apply linen compress, kept constantly wet with this mixture. It will not make a perfect mixture, but must be shaken for use. I learned this from Dr. L. Lewis. J. J. T.

Read the following extract from one of our letters:

"The Brother's idea of lowering the head of the newly-born babe has, I am satisfied, saved several children for me; and, had I known it before, I am equally well satisfied, two or three, it may be more, would now be children six or seven years old. I can hardly drop the paper which has given me such help."

Plymouth, Conn. WM. P. SWETT, M. D.

The Enchantment of Intoxication.

Editor MEDICAL WORLD:

A subscriber asks "Why is it that man seeks the effects of intoxication?" I refer him to "autocrat of the breakfast table," by Oliver Wendell Holmes, pages 225 to 234, handy volume. H. E. FERRIN, M.D.

Valley City, Dak.

While sending your subscription for 1888, order a thermometer or two. See our prices at lower part of Order Blank. The manufacturer claims that these are equal to any in the world.

Several valuable articles are held over for next month.—EDS.

Digitized by Google

Electro-Therapeutical Department.

Conducted by CARL SEILER, M.D., 1346 Spruce Street, Philadelphia. Cases, questions or views upon electricity in medicine are invited.

The Selection and Care of Galvanic and Faradic Batteries for Medical Use.

Very little need be said about the selection of batteries for medical use after what has already been said about batteries in general, as circumstances must naturally largely influence the physician in his choice of apparatus. We will therefore merely give general directions which may be adapted to the varying circumtances.

For the general practitioner, who uses electricity only occasionally, and who of necessity has to carry his battery to the house of the patient, the most serviceable apparatus will be one of the numerous portable combination batteries, in which a Faradic apparatus is in the same box with a galvanic battery of from 15 to 20 small cells of the Grenet type, that is, zinc and carbon elements with an exciting fluid of sulphuric acid solution with a depolarizer of chromic acid or bi-chromate of potash. The cells should be so arranged that any number of them can be introduced into the circuit one after the other, or cut out without interrupting the current, so that the current can be made stronger or weaker by employing a greater or smaller number of cells. This is accomplished in the different styles of batteries by various mechanical devices, which are all based upon the same principle, some being more convenient and more costly than others.

There should also be an arrangement for immersing the elements into the exciting fluid when the battery is to be used, and for removing them from it when not in use. This is accomplished by either raising the cups containing the battery fluid against the stationary elements up to such a level that the latter are immersed to their full extent, or the cups remain stationary and the elements are lowered into the fluid, or both the cups and the plates are made to move toward each other until the fluid covers the surfaces of the elements to a given height. In some of the larger batteries, which are used for galvano-cautery purposes, the immersion of the plates is accomplished by pressure with the foot of the operator, while their removal is automatic and follows the withdrawal of the foot pressure, an arrangement which saves the zinc plates from being acted upon too long, and thus materially lengthens the life of the fluid. In the smaller batteries the immersion is made by hand, as is also the removal of the plates from the liquid, and it is therefore very important for the operator not to forget to remove the plates from the fluid when the battery is out of use, if he wishes it to be serviceable the next time he wants to use it. A polarity changer is a very convenient adjuvant to a galvanic battery, by means of which the poles can be quickly and easily changed from one to the other, but it is not absolutely necessary to have it. If the battery is to be carried about from one house to another, the fluid must either be emptied from the cups before moving and poured back again when the battery is to be used, which is, to say the least, inconvenient, or a pad of soft rubber, called a "hydrostat," may be securely clamped on the top of the cups to prevent spilling of the fluid. The battery of the Faradic apparatus is of the same type as the cells of the galvanic battery, but is separate and independent from it, being used only to produce the Faradic current. A good miliampere meter, for measuring the strength of the current during the application, is indispensible, as without it no correct estimate of the current strength can be made. A rheostat, for reducing the strength of the current by interposing resistance, although not indispensible, is of great advantage, and enables the operator to gauge the current to a nicety, which is particularly desirable when electricity is applied about the head. Care should also be exercised in selecting the various electrodes and cords, and they should be tested before purchasing to see whether they transmit the current easily or not. It is well to have the conducting cords of different colors, so that at a glance the two poles of the battery can be differentiated from each other.

For galvano-cautery, these portable galvanic batteries are too small to be of service, although by combining the cells for quantity, as it is called, that is, carrying the terminals of all the zinc plates to one binding post and those of the carbon plates to the other, very small cautery knives may be heated sufficiently to burn limited areas of tissue; but for larger operations the current is not of sufficient ampére power, and therefore batteries with large plates and few cells arranged for quantity must be employed. There are several styles of small galvano-cautery batteries in the market which give a strong current for a short time, but they have, with the advantage of being portable, the disadvantage that the fluid must be renewed after every operation, as it is quickly exhausted. It is therefore better to use one of the larger batteries for this purpose, in which the cups are so large and contain so much liquid that it is not so easily exhausted, particularly as most of the operations in which galvano-cautery is employed are performed at the physician's office or at hospitals. The writer has had one of these batteries in use for several years, and has found that by

Digitized by Google

constant use for operations about the throat and nose the fluid need not be renewed oftener than once in two or three months. In cases where it is necessary to carry the battery to the patient's house, he has found a small storage battery or accumulator of great service.

If the practitioner expects to use electricity more extensively as a therapeutical agent at his office, it is well for him to have, besides the portable galvanic and Faradic battery, a stationary one of from 40 to 50 cells, which may be placed in a closet or in the cellar. Usually the ordinary quart sulphate of copper telegraph cell is employed for this purpose, but we would not advise its use because of the difficulty of keeping it in order. This battery, being a closed circuit battery, soon deteriorates when the circuit is left open, or when there is not sufficient resistance in the line, as has already been mentioned, and therefore it is better to use an open circuit battery, such as the Leclanche or Chlorine cell, because it is always ready for use when wanted, and requires but little attention. In setting up a battery of this kind the cells should be connected in series, and two wires, one from the positive plate of the first cell in the series and the other from the negative plate of the last cell, should be carried to an operating table, upon which the accessory apparatus are fastened. These latter consist of a cell-selector, a rheostat, a pole changer, an interruptor and a milliampere meter.

The cell-selector usually consists of a switch arm, rotating on a centre formed by one of the terminal binding posts, and touching with its extremity one of a series of metallic knobs or buttons which are arranged in a semi-circle around the centre. One of the terminal wires of the battery is attached to a binding post on the side of the table coming, say, from the positive plate of the first cell in the series, while a wire from the negative plate is fastened to the first button. The negative plate of the second cell is connected with the second button, and each successive button is connected with a negative plate of each successive cell until ten cells are thus connected up. Then the negative plate of every tenth cell is connected with the next button, until the whole series of 50 cells is connected in this manner. The operator is thus enabled to select any number of cells, and throw them into the curcuit at will by rotating the switch arm to the button which gives the desired number. From the central binding post a wire is then carried to a polarity changer, which is again nothing more than a switch by means of which the current can be reversed, and this is in turn connected with the miliampere meter, from which a wire is carried to a second binding post on the table. If an interrupter is added to the number of accessory instruments it is introduced into the circuit by means of a simple switch which allows of its being cut out when not wanted. The current thus flows from the cell-selector through the pole-changer, then through the miliamperemeter through the interupter to the binding post and cord to the electrode, through the body and the other electrode to the second binding post and from it back to the battery.

It will thus be seen that the current, as it completes the circuit through the body, is measured by the miliampere-meter, and that the amount of current can be regulated by introducing more or less cells into the circuit, according to the indication of the meter; but it often happens that the addition of only one cell increases the current strength too much, and it becomes necessary to still more modify it, which is done by introducing a rheostat into the circuit and reducing the current by resistance.

The selection of the electrodes must be determined by circumstances and the requirements of the different cases, so that it is well for the practitioner to have a number of different forms and sizes, but he should bear in mind that those electrodes, which are placed upon the skin, should be covered with some soft material, such as sponge or absorbent cotton, well moistened with salt and water.

Before we conclude the technical portion of these articles on electricity, it will be well to say a few words on the management and care of batteries. Of course, we cannot anticipate every emergency which may arise, and the practitioner must largely depend upon his own resources in remedying faults in the working of his battery, but a few hints will greatly aid him in directing his efforts to that portion of the apparatus which may be out of order.

When the battery is out of order and does not give the usual amount of current, it will save time and vexation to go to work systematically to find the faulty portion in the following manner: First, test each individual cell separately for the amount of current it gives, either with a galvanometer or with a telephone. If one or more cells should be found not to give a good current, remalgamate the zinc, renew the exciting fluid and clean the connections; connect the cells up again and try the eniire battery. Should the current still be faulty, test all the different connections and binding posts, as well as the cords and electrodes separately, and the break in the circuit will not escape detection. When found it is to be remedied according to the exigency of the case, either by renewing a broken wire, or by cleaning a connection, or whatever might be out of order. Sometimes it happens that every part

Digitized by Google

of the apparatus is in good working order when tested separately, but the battery gives no current when tested as a whole; then the mistake lies in the manner in which the different parts are connected with each other, so that the battery is either short-circuited, or the continuity of the circuit is inadvertently broken. Under such circumstances it is best to make a diagram on paper of the circuit as it should be, and carefully compare this with the arrangement as it exists in the battery. The speedy solution of the vexatious mystery will be the reward for the little trouble of making the diagram.

In those batteries in which bichromate of potash is used in the exciting solution, it is well to soak the plates in hot water every time the fluid is renewed, so as to dissolve the chrom-alum crystals deposited in the pores of the carbon plates, and also to cleanse the connections of the plates in the hot water with a stiff paint brush. If the protecting varnish covering the metallic bracket to which the plates are secured is eaten off by the acid, the plates should be thoroughly dried and that portion of the connection which is exposed to the fumes of the acid should be painted over with asphaltum varnish. All connections should from time to time be thoroughly cleaned, and the contact surfaces brightened up with fine sandpaper, so as to ensure perfect contact, for the resistance offered to the current by an imperfect connection, or by one which is dirty, is very great, and materially weakens the current strength. In the Faradic apparatus the contact point between the set-screw and the spring of the interupter should frequently be rubbed bright with sandpaper, as the spark causes oxidation and thus interferes with the proper working of that part of the machine. Care should also be exercised in watching the connection between the cords and the metallic tips at their extremities, as they easily become loosened and then offer a great deal of resistance.

Having thus hastily glanced over the technique of batteries in particular, and the physics of electricity in general, with a view of refreshing the memory of the reader, we are now prepared to enter upon the field of electro-therapeutics proper with the new year, and we hope that the readers of THE WORLD will help us in making a rather dry subject interesting, by asking questions and sending in reports of cases which may serve as illustrations of the text.

When you can have Dr. Lewis' Chart of Skin Diseases hanging on your office wall for 50 cts., why do without such a useful aid. Don't you have more trouble with skin diseases than any other class of cases.

A Goitre Cured by Electrolysis.

Editor MEDICAL WORLD:

Mrs. T. came to me with a large solid goitre. She is a Swiss and came to this country ten years ago; age thirty-six; has had four children and has had two miscarriages. The goitre first made its appearance soon after the birth of her first child. As many women in her country have goitres, she believed it had come to stay, and had never even thought it possible to be cured, until long after coming to America. It was large, and covered both sides of the neck, and hung down over the clavicle. I used my large 36 cell galvanic battery, and armed the positive pole with a sponge covered electrode (covered over carbon); this I placed over the nucha, and the negative pole I armed with three needles made of gold, and insulated to within ¾ of an inch from the distal ends. The needles I use are spear shape, made wide and quite thin. The needles are in separate holders, so one may be introduced at one angle, while the others may be inserted from any direction thought best, and to any desired depth. The first day, I used but two, and for eight minutes. The patient did not complain, but wanted me to continue till it was all gone. Ten days later, I used three needles for five minutes. She came ten times, the goitre was cured, with no scars to be seen unless closely inspected. But for fear of wounding some of the large blood vessels, no doubt it could have been decomposed in less time.

I see THE WORLD advises in "cystic varieties to introduce needles from both poles." I have never had one, but should say that would be the right way to do. Has any one tried it? If so I would be glad to know the result.

I used from five to eight, and one day, ten cells. It is best to go slow. One must use care not to let the needles come out, so the gold touches the skin, or there will be a destruction of the skin, and a scar, sure.

R. W. ST. CLAIR, A.M., M.D.
Brooklyn, N. Y.

Some of our readers order THE MEDICAL WORLD Binder by the dozen, evidently using them for other journals and magazines, as well as for THE WORLD. It is the best Binder ever produced for the money; convenient, elegant and durable.

DR. W. J. WAIT, of Illinois, wants to know if there is any cure for chronic dysentery.
[See article in this number.—ED.]

A constant reader, of Shelbyville, Ind., wishes some information in regard to gall stones, or biliary calculi.

Digitized by Google

Quiz Column.

Questions are solicited for this Column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication), will not be noticed.

Peculiar Throat Disease.

Editor MEDICAL WORLD:

I have treated a number of cases of sore throat this fall different in appearance to any sore throat I have ever seen in twenty-three years practice. It runs through an entire family. The coat and throat become dark, almost black. Temperature, 104–5. It gives way in from three to five days. No deaths yet. I use chlor. potassa tr. iron and bichlor. mercury; sulphur gargles. What is it? What shall I call it? W. S. CLINE, M. D.

Tom's Brook, Va.

Dr. W. C. Derby, Chicago, Ill., wants diagnosis and treatment for the following case: "Patient is a married man, aged 35, large frame and quite portly, weighing 225 to 250 pounds. A little over one year ago he had a severe attack of colic, lingering symptoms of which have been present ever since. At first, for several months, it was manifested by dull pain being constant in upper portion of the abdomen; but now has moved to about two or three inches below the umbilicus. He formerly drank beer, but now abstains entirely, and is in every respect temperate. Bowels quite regular, appetite good, and he labors moderately every day. He has taken a vast amount of patent medicine. I have prescribed no medicine as yet. Recommended him to take a cup of hot water before breakfast, and to drink hot water or hot milk with food, and not to drink cold water at any time."

Will some of your subscribers please give the best mode of applying cocaine for minor operations; and what per cent. is best? I am some times disappointed in its effects.

Johnson Station, Texas. Jos. A. DUCKETT.

Boils.

Can you give me a "sure cure" for boils.

Ramsey's, N. J. C. P. DEYOE.

[Take equal parts of glycerine and carbolic acid, and apply one drop to the boil; repeat if necessary. Give internally, daily, one grain of sulphide of calcium, and ten grains of lactophosphate of calcium, in ten drams of water, one dram to be taken hourly through the day. See "Manual of Treatment," page 44.—ED.]

DR. PILKINGTON, of Garnett, Kan., wants the formula for an application to piles, which, when simply applied to the tumor with a brush, causes it to shrink up. We commend this to our rectal specialists.

Editor MEDICAL WORLD:

Please tell us through THE WORLD how long a child with pertussis will give the disease.

Enosburgh Falls, Vt. F. W. CORNINGS.

DR. D. C. DARNELL, of Grand Saline, Tex., asks the cause and treatment of singing in the ears in the case of a female patient who is so troubled about the time of the menses. As there is often congestion of mucous membranes generally at that time, it is very likely a partial occlusion of the eustachian tubes. No treatment is necessary, unless the condition should become more serious than it seems to be now, which is not likely.

For his patient, who is troubled with smothering in spells, we should suggest that the doctor examine her heart carefully. He will, no doubt, find some valvular lesion. Treatment would depend largely upon the accurate diagnosis.

A. M. DUNCAN, M. D., of West Greene, Ala., reports a case resembling epileptical seizures in a boy only three or four years of age. Doctor, look for a history of nervous troubles in the family, or study very carefully the history and condition of the boy. Very likely it is a case of *petit mal*. Bromides of sodium and ammonium, with tonics, if indicated, would probably reach the case. We should watch the case with some degree of apprehension. Probably some central nervous lesion, and not the coin he swallowed, causes the disturbance.

DR. J. A. CARTER, of Boothby, Maine, has a patient, a young lady, age 22, who has spells of dyspnea, with pain in the left side, from near the lower third of the sternum to the left armpit, general edema, pain in the back, loins and lower extremities, and dyspeptic symptoms. Doctor, please examine the heart for hypertrophy of the left ventricle. If you can confidently dismiss that, then write us a brief outline of the symptoms you find upon physical examination, as well as the pains felt by the patient, and we will try to help you.

For Functional Impotence.

"Jacobus" offers aid to "Jack," as follows:

"Make a tincture by percolation of 4 oz. of chimaphila to 1 pt. of gin. Dose, one-half a wineglass full three times a day, before eating.

Or

℞ Ext. vanilla.....
Syrup. of each.....f℥ ij
Tinct. cantharides.....f℥ iij
M. S.—One teaspoonful four times daily.

While using either of them paint the organ and the region of the prostate gland with tincture of iodine."

Digitized by Google

FORMULAS.

Dropsy.

Dr. B. F. Humphreys, M. D., in *Med. and Surg. Reporter*, recommends the following in general dropsy:

℞ Fld. ext. pilocarpus pennatifolius..f℥ j
Fld. ext. apocynum cannabinum..f℥ iij
Elix. ginger (or simple elix.)q.s.ad f℥ iij
M. S.—One teaspoonful in water three or four times a day.

Cyanide of Mercury for Diphtheria.

Dr. Bree, of Europe, reports the treatment of 318 cases, with but four deaths. His method of using it is as follows:

℞ Hydrargyri cyanidi.....gr. ½
Alcoholis dil.....f℥ ijss
M. S.—Give two to three drops every fifteen minutes, gradually decreasing the dose. From one to four days are usually sufficient.

—*Alleg. Med. Centralzietung.*

Compound Syrup of White Pine.—White Pine Expectorant.

COMPOUND SYRUP OF WHITE PINE.

Take of

Tincture of white pine	f℥ 2
Fl. ext. ipecac	f℥ 4
Carbonate of magnesium	℥ 4
Chloroform	f℥ 1
Sulphate of morphine	gr. 8
Water	f℥ 7
Sugar	troy ℥ 14

Rub one ounce of sugar with the magnesia in a mortar; triturate the fluid ipecac and tincture of white pine, then gradually add the water, constantly triturating, filter, and in the filtrate dissolve the morphine. Mix the chloroform with the sugar in a suitable bottle, pour in the filtrate, and dissolve by agitation.

This is an excellent cough remedy, and has a ready sale wherever introduced.

The tincture of white pine in the above formula is made by dissolving two ounces of white gum turpentine in fourteen fluidounces of alcohol by a gentle heat.

WHITE PINE EXPECTORANT.

Take of

White pine bark, No. 20 powd., troy	℥ 1
Wild cherry bark "	℥ 1
Balm of gilead buds	gr. 64
Spikenard	gr. 64
Bloodroot	gr. 64
Sassafras	gr. 32
Chloroform	♏ 60
Acetate of morphine	gr. 3
Alcohol	troy ℥ 4
Sugar "	℥ 12
Water, q. s. ad	f℥ 16

Mix the alcohol with six ounces of water, and with this menstruum exhaust the drug packed in a percolator as above described, adding water until ten ounces of percolate are obtained; to this add the chloroform and morphine, previously dissolved in some water; dissolve sugar by agitation, without heat and strain.

It will be found quite convenient to make up a quantity of the concentrated tincture of the drugs, say fifty per cent. The syrup can be prepared in smaller quantities, as wanted.

Good Samaritan Liniment.

Good Samaritan Liniment is made as follows:

Take of

Oil of sassafras	f℥ 2
Oil of wintergreen	f℥ 2
Oil of thyme	f℥ 2
Oil of amber	f℥ 2
Oil of cedar	f℥ 2
Oil of origanum	f℥ 12
Oil of peppermint	f℥ 2
Oil of hemlock	f℥ 4
Balsam of fir	f℥ 2
Sulphuric ether	f℥ 2
Alcohol	gall. 5

Mix.

Kilner gives the following:

Take of

Oil of sassafras	f℥ 1
Oil of hemlock	f℥ 1
Spirit of turpentine	f℥ 1
Tincture of capsicum	f℥ 1
Tincture of guaiacum	f℥ 1
Tincture of opium	f℥ 1
Tincture of myrrh	f℥ 4
Oil of origanum	f℥ 2
Oil of wintergreen	f℥ ½
Gum camphor	troy ℥ 2
Chloroform	f℥ 1½
Alcohol	pts 4

Mix.

Elixir Iodo-Bromide of Calcium Compound.

The following is claimed to be similar to the elixir iodo-bromide of calcium compound:

Take of

Bromide of calcium	gr. 256
Iodide of sodium	gr. 256
Iodide of potassium	gr. 256
Chloride of magnesium	gr 256
Componnd fl. ext. sarsaparilla	f℥ 2
Compound fl. ext. stillingia	f℥ 2
Elixir of orange	f℥ 4
Sugar	troy ℥ 4
Water, f℥ 6 or q. s. ad	f℥ 16

Dissolve the salts in the water, add the sugar, and to this syrup add the fluid extracts, previously mixed with the elixir of orange. After standing two days filter, adding water to make the measure sixteen fluid ounces.

Egyptian Eye Salve.

The Egyptian eye salve is said to be similar to the following:

Take of

White rosin	℥ 6
Burgundy pitch	gr. 30
Beeswax	gr. 30
Mutton tallow	gr. 30
Venice turpentine	gr. 30
Balsam of fir	gr. 30

Spread on thin leather or cloth, and apply to the affected part.

Digitized by Google

Treatment of Colds.

Dr. Whelan gives the following as a specific, prophylactic, and therapeutic remedy:

℞ Quiniæ sulph.....gr. xviij
Liquor arsenicalis.....♏ xij
Liquor atropinæ.....♏ j
Extract gentianæ.....gr. xx
Pulv. gum acac q. s. To make twelve pills.

Sig—One pill every three, four or six hours, according to circumstances.

In early colds, the nose and pharynx being alone affected, it aborts it at once.—*London Medical Record.*

Atmosphere Purifier.

The Berlin Medical Association recommends the following new air purifier, as especially useful in the sick chamber:

Take of
Oil of rosemary.....10.0 parts
Oil lavender.....2.5 "
Oil thyme.....2.5 "
Nitric acid.....30.0 "
Shake well before using.

Saturate a sponge, and place in a convenient position for spontaneous evaporation.

—*Medical Classics*, October, 1887.

Immediate Relief for Lumbago.

Dr. Burggraeve recommends painting the painful parts with the following:

℞ Tr. iodinii.....
Collodii,.....
Aq. ammoniæ.....āā f℥ ss

Good Administration of Phosphorus.

Phosphorus may be conveniently administered internally according to Saltmaun's formula:

℞ Phosphori.....gr. 1/60
Ol. amygdale.....℥ ijss
Aq. dest.....℥ ijss
Gum arabic.....℥ ijss
Fiat emulsio.....

Sig.—Dose, one teaspoonful.—*Therap. Gazette.*

Apomorphine as an Expectorant.

℞ Apomorph. hydrochlor.....gr. ¼
Morphinæ hydrochlor.....gr. ½
Acid. hydrochlor. dil.....♏ viij
Aquæ.....℥ v

M. S.—A teaspoonful every two to four hours. To be dispensed in a black or other non-actinic glass vial.

Puerperal Diarrhea.

For the diarrhea of puerperal septicemia:

℞ Acidi carbolici pur.....
Tinct. iodi.....āā ♏ xvj
Muc. acaciæ.....f℥ij
Aq. dest.....ad f℥viij

M. S.—One tablespoonful every hour.

(*Dr. Garrigues.*)

REVIEWS.

"Lessons in Gynecology." By Wm. Goodell, A. M., M. D. Third Edition. 112 illustrations, 579 pages. Cloth. D. G. Brinton, 115 South Seventh street, Philadelphia.

To attempt an exhaustive review of this work would be beyond the limits of these pages. Fortunately it is already well-known to the specialist in this department, and to many others of the profession. It is an easily read, thorough discussion of this important subject, dealing more with diagnosis and treatment, including operations, than with intricate theoretical or pathological studies. The man who can treat his lady patients successfully will build up a large practice. This work will be a great assistance to him in that direction.

Considering the very limited credit given to electricity, in its various forms in this practice, we predict that this work will soon need a new revision. Within the next ten years the man who has the best gynecological practice will be he who knows when the battery can advantageously be used, and who can use it accurately, delicately and skillfully. Perhaps the professional laparotomists will be the last to acknowledge its merits, but at last it must come. Then the knife will be resorted to to relieve those cases which have resisted these intelligent efforts for cure, and their number will be surprisingly small.

"Differential Diagnosis; A Manual of Comparative Semeiology of the More Important Diseases," by F. de Havilland Hall, M.D., of Westminster Hospital, London. Third American Edition. Edited by Frank Woodbury, M.D. Professor of Therapeutics and Materia Medica, in the Medico-Chirurgical College. 255 pages, cloth. D. G. Brinton, 115 S. 17th St., Phila.

We doubt if a more useful book could be placed in the hands of the reflecting physician. A comparative study of disease; taking groups of diseases which most nearly resemble each other, and, by arranging their symptoms in parallel columns, enabling the physician to compare them and make an accurate diagnosis.

The diseases are taken up in the following order: Part I. General Diseases, including, 1st, Fevers, and 2nd, Diseases of the blood. (Under the latter will be found an intelligent statement of the germ theory.) Part II. Local Diseases, comprising, 1st, Diseases of the Nervous System; 2nd, Diseases of the Respiratory Apparatus; 3rd, Diseases of the Circulatory Apparatus; 4th, Diseases of the Digestive System; 5th, Diseases of the Urinary Organs.

Under each head the general principle of the diseased conditions and their diagnosis are pointed out, then the diseases are taken seriatim and compared. We congratulate our friend, Prof. Woodbury, on his superior judgement in placing before the profession such a thoroughly useful work. We predict that it will help many a worthy brother out of a puzzling case.

"Functional Nervous Diseases, their Causes and Treatment." By George T. Stevens, M. D., Ph. D. Cloth, price $2.50. D. Appleton & Co., New York.

This is a memoir, which received the highest honor awarded by the Belgian Royal Academy of Medicine in 1883. 147 pages, illustrated, followed by a supplement of 70 pages on "Anomalies of Refraction and Accommodation," making 217 pages in all.

Digitized by Google

This is written from the standpoint of the ocular specialist, showing that many of the migraines, neuralgias, cephalalgias, spinal irritations, neurasthenias, choreas, epilepsies, and other cases of nervous disorders are caused by reflex irritation from imperfect eyes. Cases are cited, accompanied by well executed illustrations. Lines of procedure in treatment and suitable operations are given. The book will be very interesting to oculists, and useful to general practitioners, as showing them when it will be well to call in the aid of a skillful oculist in treating cases of obscure nervous troubles.

"Operative Surgery on the Cadaver" By Jasper Jewett Garmany, A. M., M. D., F. R. C. S. 150 pp., 2 colored engravings. Cloth, price $2. D. Appleton & Co, New York.

Were it not for breaking the commandment against coveting we could wish we were the authors of this work, so much have we appreciated the necessity of a reliable guide on this subject.

With a modest preface of only five lines, the author continues the same terse, exceedingly plain style throughout the work.

Accurate directions are given in the use of the specula, bougies, sounds, hypodermic needle, aspirator, and all other principal instruments used in inspection, exploration and operating. Minute directions are given for conducting operations in every region of the body. With this book as a guide, and one or two cadavers for practice, one can in a short time familiarize himself with a wide range of surgical operations. How useful this experience will be when called in emergencies!

"Physician's Perfect Call List and Record," by Dr. G. Archie Stockwell, F. Z. S. Price, $1.50. Geo. S. Davis, Detroit, Mich.

This is a very neat and complete little pocket companion. The reading matter is especially timely and concise, consisting of Metric System, Obstetrical Table, Diagnosis of Fevers, Dose Table, Chemical Incompatibilities, Thermometry, etc., etc. In the record portion there is space for 32 patients per week. The only objection we have to it is the use of a system of signs.

"The Medical Genius; A Guide to the Cure." By Stacy Jones, M. D, a practicing physician for thirty-three years in Eastern Pennsylvania. 320 pages. English cloth. Price, $2.00. John C. Winston & Co, Philada. Published for the author, Darby, Pa, and for sale at 715 Market St., Phila.

Some time ago an eastern physician wrote us, asking why we did not publish a book giving specific medicines, one or two remedies for each disease, which would be sure in every case. He should write to the author of this work. In this work an old physician has recorded the results of a life's experience, indicating what he would do in the way of diagnosis and treatment of each case. We confess that our first impression of this book was unfavorable, but a closer study reveals the shrewdness and good selective judgment of an old family practitioner. We believe it to be a duty, which every successful physician in advanced age owes to his succeeding generation, to leave a record of his observations and discoveries during his practice. A physician is the only man who ought to be immortal. But as he cannot be, this is the next best way of giving to the younger men the benefits of his experience, so that they may commence where he left off. This is the philosophy of medical progress. We commend the modest dedication of this work to American physicians. "To those who prefer curing diseases to contending about dogmas." The author "aims straight at the cure," to use his own words. We can best express our views by saying, "If anyone likes this kind of a book, this is just the kind of a book he will like."

"Transactions of the Texas State Medical Association, 1887."

A fine volume of 437 pages, containing many valuable articles. Preserved reports of this kind will furnish excellent mile-stones by which to measure the yearly progress of the profession "Three Years with Electricity" is a most valuable paper We congratulate the author, Dr. Paine. "Antisepsis" is thoroughly treated in the surgical section We wonder what will be new in the next report. Probably ichthyol, saccharine, salol, strophanthus, and, no doubt, some valuable ideas not dreamed of at the present time, unless it may be by the experimentor, who patiently bides his time.

We take the following from *The Weekly Medical Review*:

"Texas, the Russia of America, with its territory so vast that a line drawn through its greatest diameter would extend from New Orleans to Chicago, and its area so great that all the people in the United States would come far from crowding it, again comes to the front with its State Medical Association Transactions. They form an immense volume of interesting reading matter, extending over 450 pages. Texas has always been known as a hard working state in her medical societies."

THE JOURNAL OF MORPHOLOGY.—Edited by C. O. Whitman, Director of the Lake Laboratory, Milwaukee, Wis., recently of the Museum of Comparative Zoology, Cambridge, Mass. Crown 8vo. Two numbers a year of 100 to 150 pages each, with from five to ten double plates. Subscription price, $6 00 a year. Single numbers, $3.50. The September number contains seven Double Lithographic Plates and one Heliotype Plate. Ginn & Company, publishers, Boston, New York, and Chicago.

"Drugs and Medicines of North America." A quarterly. Vol. II, No. 4. J. U. & C. C. Lloyd, Cincinnati, O.

"Annual Rep. of the Special Com. on Surg. Being a portion of the transactions of the Tex. State Med. Asso., 1886.

The Pathfinder Text-Books, consisting of "Hygienic Physiology, with Special Reference to the use of Alcoholic Drinks and Narcotics," "Hygiene for Young People," and "Child's Health Primer." A. S. Barnes & Co., New York and Chicago.

"Oxygen as a Therapeutic Agent." W. W. Rea, 1019 Sixteenth St., Denver, Col. Price, 50 cents.

"Scientific Methods of Capital Punishment." J. Fitzgerald, 24 E. 4th St., New York. Price, 10 cents.

"Ovarian Tumors and Remarks on Abdominal Surgery. By Edward Boeck, A. M., M. D., St. Louis, Mo.

PAMPHLETS.

"Quarterly Journal of Inebriety" for October, F. D. Crothers, M. D., editor, Hartford, Conn.

"Treatment of Diphtheria and Dyspepsia with 'Papoid.'" Johnson & Johnson, 23 Cedar St., New York.

Digitized by Google

"Medical Fetichism, and a Suggested Basis for a Science of Medicine." Address Dr. S. S. Wallian, the author, 119 E. 28th St., N. Y.

"Hay Fever." Prize essay by Seth S. Bishop, M. D. Address the American Medical Association, Chicago, Ill.

"Antifebrin." E. Merck, 62 Wall St., N. Y.

"A Treatise on Salol in Rheumatism." W. H. Schieffelin & Co., New York.

"Illustrations of Vivisection." By Miss Francis Power Cobbe. American Society for the Restriction of Vivisection, 1706 Chestnut St., Phila.

"Renal Colic, Parasitic and Calculus. A Criticism." By J. B. Marvin, M. D. Bradley & Gilbert Co., Louisville.

"Classification of Mental Diseases." By Ralph L. Parsons, M. D. D. Appleton & Co., New York.

"Pelvic Cellulitis." By Virgil O. Hardon, M. D., Atlanta, Ga.

Calendar of University of Toronto, Canada, 1887-8.

Announcement of New York Polyclinic. 214 E 34th St.

"Colonial and International Congress on Inebriety." James Sears & Sons, 11 Crane Court, Fleet St., E. C.

"Charles Marchand's Peroxide of Hydrogen Solution." Ernest Drevet, 10 West 4th St., New York City.

"Treatise on Milk and Nestle's Milk Food." Thos. Leeming & Co., New York.

Any of the above will be sent free on application if THE MEDICAL WORLD is mentioned.

Unless otherwise stated, always address the authors for pamphlets. By mistake the addresses of a few of those noticed in August and September were omitted. We give them as nearly as possible:

T. A. Emmett, M. D., New York, N. Y.
I. N. Love, M. D., St. Louis, Mo.
F. N. Otis, M. D., New York, N. Y.

The following is from our learned cotemporary, *Medical Classics:*

THE MEDICAL WORLD was first issued in 1883, as a modest little journal of sixteen pages. It rapidly became popular with the profession, and has been enabled to increase its size to sixty-four pages, with the possibility of a further enlargement in the near future. (Now it is 80 pages.) It was originated by Dr. C. F. Taylor, who still controls its destinies, in both a business and literary way. It is thoroughly practical in every way, and aims to be an ever ready aid to the general practitioner in his daily duties. It is perhaps this feature that has given it such a large circulation, and caused it to be considered "The Popular Medical Journal of America." Its present circulation is twenty thousand copies each month. Its contributors are the *working* practitioners in all parts of the country—those who have large practices and are thus able to give to the profession many valuable facts observed in their large experience. A free exchange of opinion is encouraged, and questions may be asked and answered. In short, a physician after reading an issue of THE MEDICAL WORLD feels as though he had attended a meeting of a medical society where experiences were presented and discussed, and questions asked and answered. A new feature has recently been added—an Electro-Therapeutical Department—which promises to be very useful.

THE MEDICAL WORLD is published monthly at 1520 Chestnut St., Philadelphia, Pa. Subscription price, one dollar per year.

OPPORTUNITIES.

Can you afford to be without over 1000 prescriptions in use daily in our leading hospitals, when you can get them for $1? Order our "Official Formulæ of American Hospitals."

You are going to get a new visiting list this month—WORLD list, very probably. Well, you will want to begin this year to make your original entries in *ink*. In this connection read the adv. of the Safe Fountain Pen Co., in this issue.

Now for the effect of cod livers without the nauseous oil. See adv. of Hepatic Extract, and send for sample. When mixed with hot water and seasoned with salt and pepper, it tastes like beef tea. The patient should think he is taking beef tea.

It is not what we read, but what we *remember*, that makes us well-informed. A good memory is given by nature to a few, but with most persons it is a matter of training—that is, those who *have* a memory worth mentioning. It is not strange that many have considered it worth while to give a special training to such a useful faculty. See the card of Prof. Loisette, 237 Fifth ave., New York, and send for his prospectus free.

The Rudisch Co. have taken the pains and expense to publish much information about their Beef-Peptones in this issue for your benefit. You will be the gainer by giving the same a careful reading, as it is first class scientific matter upon a subject of great importance to you and your patients. Please read, and let them hear from you. It is the greatest importance to feed your patients something that they can digest.

Cablegram; London, Oct. 25th—W. R. Warner & Co., Phila., received highest award from American Exhibition in London for superiority of their Sugar-coated Pills and Effervescing Salts. Send to them, 1228 Market St., Phila., for formula books, prescription blanks, etc.

Whenever you have an inquiry about electrical appliances for medicinal use, you will *never* go astray in commending those made by Jerome Kidder & Co. Every desirable feature of electrical methods of treatment are embraced in the varieties of instruments they manufacture. They have stood the *test of time*, of medical surveillance, of public observation, and to-day they lead all others in merit and sale.—*Pharmaceutical Record*, Nov. 1st, 1887.

We speak personally of the merits of Johann Hoff's Malt Extract. The importers of the genuine article are Tarrant & Co., New York. See that you get this and are not imposed upon by imitations.

What can be more generous than the offer of the Declat M'f'g Co., 86 Warren St., N. Y., to send samples of their preparations of Phenic Acid? They are so valuable that we receive letters from our readers asking how they are prepared.

Every Physician is interested in having a reliable BATTERY. The "Stanley Battery," advertised by Dr. Willis H. Davis, of Keokuk, Iowa, on another page of this issue, is worth the investigation of every practitioner. (If the adv. does not appear this month it will next. Write to Dr. Davis for circulars.)

Digitized by Google

YEARLY INDEX FOR 1887.—Vol. V.

Editorials.

Page.

Absorbent, The Best....199
A Change of Symbol....433
Antisepsis in Cholera Infantum....137
Antisepsis in Summer Diarrhea....199
Bladder. A Cause of Irritability of....29
Chatauqua Circle....8
Colds Effects of on the System....353
Congress, The Medical....354
Death....188
Digestive Diseases....105
Druggist and Physician....74
Effects of Cold on the System....353
Elephantiasis....168
Germ Theory....87
Gleditshi s Exposed....391
Malarial and Typhoid Fevers....289
Medical Student Again....354
Milk in Cholera Infantum....137
Must All Children Have the Diseases of Childhood?....431
Nervousness in Women During Labor..199
New York Sun Cure for Diarrhea, etc..317
Pasteurism in the French Academy....105
Phthisis, New Method....167
Physician and Druggist....74
Poison in Food....317
Post Partum Bandage, Editors' Views of 2
Report Failures....482
Salicylic Acid, Mode of Dissolving....74
Shall I Take a Student in My Office?....1
Stenocarpine Exposed....391
Substitution by Druggists....137
Sulphur Fume- in Whooping Cough....106
Temperature of the Urine in Diagnosis 291
To Distinguish Physicians....482
Urethral Examination....482

Index of Diseases.

Dysmenorrhea....3
Dyspepsia....3
Eczema....39
Elephantiasis....40
Emphysema....40
Empyema....7
Epilepsy....75
Epistaxis....107
Erysipelas....107
Fever....107
Gastric Ulcer....108
Gleet....108, 138
Goitre....138
Gonorrhea....139
Gout....139
Hematemesis....168
Hematuria....169
Hemoptysis....200
Hemorrhoids....201
Hernia....291
Herpes....291
"Hiccough"....291
Hoarseness....318
Hordeolum....318
Hydrocele....318
Hydrothorax....318
Hyperesthesia....318
Hypocondriasis....318
Hysteria....318, 354
Ichthyosis....355
Impotence....355
Incontinence of Urine....355
Inflammation....392
Influenza....392
Insomnia....434
Intermittent Fever....434

Current Medical Thought.

Absorption of Impurities by Milk....171
Acids in Digestion....292
Action of Alcohol....7
Action of the Skin and Leucorrhea....142
A Cure for Drunkenness....355
Acute Dysentery....294
After Decapitation, a Useful Ointment, Benefits of Massage, Sunstroke....398
Agarisin....322
A Good Disinfectant....322
Albumen, The Source of....323
Alkaline Injections for Gonorrhea....438
Amenorrhea, Braithwaite's Method....356
Analysis of Opium Cures....8
An Anomalous Muscle....357
Anecdote for the Theorists on Sex....8
Anesthetic Effects of Turpentine....169
A New Cure for Malaria....32
An Oriental Anesthetic....398
Antidote to Ivy Poisoning....398
Antipyrine, Hypodermically, instead of Morphine....394
Antiseptics in the Treatment of Diarrhea in Children....319
Aphonia or Aphasia....356
A Physician's Knowledge is his Stock in Trade....319
Arab Treatment of Syphilis....401
Aromatic Spirits of Ammonia after a Debauch....359
Asthma....171
A Suggestion to Local Societies....292
Beer Yeast in Infectious Diseases....393
Benzoin in Pertussis....401
Beware of Nostrums....203
Bodily Symmetry....360
Bromoform....43
Caffeine in Heart Disease....8
Carbuncle Treated by Pictet Liquid....8
Catarrh Cures....205
Cause of Gout....357
Causes of Tonsillitis....358
Caution in Antiseptics....321
Chancroid....41
Chloroform in Labor....320
Chloride of Zinc as an Antiseptic....362
Choking....8
Circulation not Essential to Life....43
Class Room Notes, 12, 45, 46, 47, 78, 79, 80, 113, 114, 115, 143, 144, 173, 174, 205, 206, 296, 324, 402....
Coca, Value of in Gastric Disorders....488
Cocaine in Heart Failure....77
Cocaine for Rigid Os....357
Comp und Tincture of Lavender in Kidney Disease....323
Concerning Leprosy....400
Concussion of the Spine....399
Condition of the Abdomen in Disease..401
Condition Resembling Alcoholism....6
Contributions to Journals....393
Cotton Root as a Uterine Hemostatic....78
Croup, Diphtheria, and Inflammatory Sore Throat....359
Crying Before Birth....295
Cyanide of Zinc in Cardiac Affections...440
Cystine in the Urine....356
Death from Inversion of Uterus....10
Deep Breathing in Heart Disease....399
Delivery, Position in....441
Denies the Existence of Prurigo....362
Devotion and Duty....360
Diabetes....171
Diabetic Temperature....443
Diagnosis of Abscess and Hernia....433
Diagnosis of Aural Hemorrhage....437
Diagnosis of Cancer and Syphilis of the Tongue....356
Diagnosis of Early Pregnancy....6
Diagnosis of Mammary Tumors....443
Diagnosis of Ulcer....356
Diagnostic Point in Bubo....402
Diagnostic Value of Salol....401
Diet and Typhoid Fever....111
Diet of Bright's Disease....76
Diphtheria....111
Diphtheria and Croup....204
Disease of the Aged....293
Disinfectants....362
Disinfecting Sick-Rooms....5
Dislocation and Fractures of the Arm...356
Doses of Drugs That Must be Given in Small Quantities....44
Dropsy, Domestic Remedy for....440
Duration of Contagion....77
Dysmenorrhea....402
Dysparennia and Sterility....41
Ear, for Diseases of the Middle....443
Early Use of Plaster Dressings....328
Effect of Concussion of the Spine on Vision....399
Effect of Drugs on the Special Senses...398
Enuresis....42
Ergotin to Relieve Cough....361
Ether Spray in the Treatment of Strangulated Hernia....42
Eucalyptus in Diphtheria....322
Evergreens and Consumption....440
Failure of Gaseous Enemata....322
Feverfew and Shoo-Fly....141
Five Ways to Stop a Cold....172
For Chronic Gonorrhea and Gleet....361
For Diabetes....9
For Diphtheria....295
For Dysentery....360
For Dysmenorrhea....11
For Earache....172
For Epithelial Cancer....172
For Lacerated Cervix....140
For Neuralgia and Lumbago....356
For Neuralgic Headache....171
For Ringworm of the Scalp....356
For Vomiting in Pregnancy....361
French Pickings....110, 142
"Fresh frae France"....204
Fruits....362
Gall-Stones and Glycosuria....169
Gangrenous Ulcerations of Labia....356
Gastric Ulcer....442
Genius, a Receipt for a....439
Gleditschine.—Will its Claims be Substantiated?....397
Gout and Neurasthenia....320
Heart Clot....437
He Enjoyed the Treatment....43
Hemoptysis....439
Hemorrhage from Scalp Wounds....11
Heredity of Cancer....323
Homeopathy as it is....293
How the Mighty Suffer....295
How to Make a Man....321
Hygiene of Skin Diseases....361
Hysterical Chorea....356
Ichthyol for Psoriasis....293
Important Directions in Renal Calculi 355
Important Work of the Liver....399
Indigo as an Emmenagogue....320
Infectous Nature of Traumatic Tetanus 437
Inhalations of Carbonic Acid in Pulmonary Affections....110
Inhaler for Ether....9
Injection for Gonorrhea....357
Injections of Pepsin in the Treatment of Tumors....171
Inoculation of a Wound with Tubercle 10
Instinctive Self-help in Dyspnea....357
Internal Treatment of Aneurism....397
Iodide of Potassium for Pneumonia....356
Iodides after Mercury.—Caution....398
Iodine in Syphilis....323
odoform in Phthisis....359
Iritis, Therapeutics of....442
Life Goes Out with the Tide....205
Local Anesthesia by Corning's Method 11
Lockjaw on Long Island....436
Lubricant for Bougies....9
Lunary and Moonshine....11
Lung Diseases, Thermo-Cautery in....443
Malaria Causes Impotence,....10
Malaria. Propylaxis for....443
"Medical" Nerve Stretching....7
Membranous Croup....109
Menstrual Irregularities. A Valuable Formula in....436
Mental Troubles after Operation for Cataract....438
Minerals in Cremation....357
Myrrh as a Prophylactic....362
Nasal Cavity, A Simple Way to Apply Fluids to the....436
New Method of Treating Abortion....10
Notes from Philadelphia Clinics....403
Observations on Insanity....323
Ode to Bacillus....321
Omnipresence, Antiquity and Indestructibility of Bacteria....400
Our Senses....358
Oxidation and Putrefaction....322
Ozonic Ether....170
Packing-House Wounds....141
Palpitation....400
Paralysis Agitans....319

Google

Page.

Pathognomonic Signs in Tubercular Meningitis....113
Peculiarities of Australian Pathology..488
Permanganate of Potassium....322
Pernicious Hemorrhagic Malarial Fever 44
Phantom Abdominal Tumors....443
Phthisis, A New One for....442
Phthisis and Bacilli....360
Phthisis in High Altitudes....441
Picked Up at the Congress....394
Pigeon-breast....357
Pilocarpine in Drunkenness....7
Points to Observe in Passing a Catheter 401
Precautions for Urethral Operations....321
Pressure on the Brain at Birth....10
Prevention of Ague....141
Prof. Gross' Tribute to Wife and Mother 392
Prognostic Point of Gangrene....397
Prolapse of the Cord....170
Prolapsus Ani....141
Prophylactic for Scarlet Fever....359
Ptosis....7
Puerperal Convulsions....77
Pulsatilla for Amenorrhea....358
Purpura Hemorrhagica....7
Relation of the Physician to Society..319
Religious Mania....361
Remedy for Neuralgia....395
Respiration, Method of Inducing....440
Returning Phimosis and Paraphimosis 399
Rheumatism....435
Rheumatism, Treatment of in the Jefferson College Hospital....442
Rhigoleni in Nasal Surgery....78
"Rigor mortis" and Post Mortem Temperature....297
Ringworm....361
Rupture of the Reti-Abdominalis Muscles....399
Salicine....170
Salicylate of Sodium in Headache....393
Salix Nigra in Gleet....397
Salol in Sciatica....397
Salvation....395
Sanitation and Life....357
Scarlet Fever....5
Sea-Sickness....41
Side Shows....171
Signs of Incipient Phthisis....77
Simple Expedient in Strangulated Hernia....7, 401
Skin Diseases from Nervous Excitement 361
Slippery Elm Tents, Byford on the....441
Soft White Hands....9
Some Treatment of Diphtheria....356
Specific for Scarlet Fever and Diphtheria....393
Spread of Eczema....400
Spurious Biliousness....359
Sputa of Pneumonia....357
Stenocarpine, the New Substitute for Cocaine....395
Strophanthus....394
Strychnia in Alcoholism....5
Strychnine for Tobacco Amblyopia....438
Successful Treatment of Diabetes....360
Sugar in the Urine of Pregnant Women 399
Sulphur Fumes in Phthisis....358
Sunstroke....203, 292
Suppurative Nephritis from Catheterization....356
Syphilis and Marriage....438
Syphilis Vel Chloasma....437
Syphilitic Anemia....359
Tannate of Mercury....41
Tannin in Phthisis....78
Tartar Emetic in Labor....361
Tasteless Foods....443
Temperature in Fever....397
Temporary Paralysis....358
The Antiseptic Treatment of Diphtheria 25
The First Impression....321
The Modern Tendency of Disease....292
The New Jersey Horse Epidemic....362
The Proper Course....140
Therapeutic Alphabet....6
Therapeutics of Heat and Cold....109
The Ravages of Wild Animals....296
The Remedies I Use in Practice....396
The Treatment of Wounds....438
The Tucker Truss....112
To Abort a Cold....361
To Abort Felons....42
To Administer Gallic Acid....360
To Cure Ring Worm....11
To Detect a Morphine User....11
To Dissolve Phosphatic Calculi....400
Trance Caused by Quinine....320
Treatment of Acclacriel....

Page.

Treatment of Chorea....402
Treatment of Chronic Ulcers....41
Treatment of Consumption by Carbonic Acid Injections....140
Treatment of Hemorrhoids....5
Treatment of Hernia by Heaton's Method....78
Treatment of Grief....5
Treatment of Morphine Habit....328
Treatment of Neurasthenia....170
Treatment of Priapism....77
Turkish Baths for Epilepsy....361
Turn Over....141
Urethan in Convulsions....438
Urthral Pain, Salicylate of Soda for....442
Uterine Diseases....360
Uterine Displacement, Theory of....441
Vaginitis, For Chronic....443
Value of Ether Spray....401
Varied Usefulness of Alcohol....400
Vaseline for Hypodermic Use....111
Vertebral Caries, The Early Diagnosis of
Vesical Tumors....399
Vicarious Menstruation....402
Waking Numbness....439
Warts, An Effectual Treatment for....441
Warts, For Preputial....443
Water Test....443
What Paris Thinks....172
When to Use Iron in Albuminous Urine.361
Worms....328
Worms In Children....295

Original Communications.

A Case....216
A Case of Labor....55
Aconite....376
A Curiosity....154
Adaptable Splints....99
A Dentist's Questions....148
A Disappointing Chapter....449
A Double Head....331
A Five Minutes' Talk....219
A Glass Broken....88
Albuminuria in Pregnancy....18
Alcoholic Beverages, The Quality of .451
Amputation of the Leg at its Inferior Third....335
An Acephaloid....331
An Early Worm....90
A New Idea....337
A New Method of Diagnosis and Treatment....85
A New View of Ergot....370
Another Case from Emrick....56
Another for Boyden....218
Answer to Doctor Smith....
Answer to Inquiries in Nov. World....444
Answers....61, 62, 94
Answers to Inquiries in October World 404
Answers to Sawbones....207
Antipyrine....192
Antipyrine in Fever....421
Antipyrine in Headache....420
An Unusual Case....410
A Peculiar Neurosis....375
A Rectal Case....175
Are Lacerations Avoidable?....23
A Remarkable Case of Typhoid Fever..379
Assistance Wanted....156
Asthma, Treatment for....306
A Strange Case in Medical Jurisprudence....409
Atonic Dyspepsia....28
Avena in Paralysis....58
A Very Peculiar Case....344
Bandage....17
Breaking the Glass....58
Broken Glasses....177
Bunions....381
Burns....52, 26
Burns and Scalds....122
Calomel....21
Carbuncle and Boils....53
Carica Papaya as a Galactagogue....305
Carrying Your Own Medicines, The Practical Side of....454
Case in Obstetrics....190
Case of Super-Fetation....332
Case of Triplets....333
Cathartic, A Good....421
Causes of Scurvey....208
Chautauqua Plan....16
Child Marked in Utero....415
Chloral....176
Cholera Infantum....154, 179, 389, 462
Cholera Infantum, Summer Diarrhea....207
Circumcision....334

Clarkia Gem....50

Page.

Clay Eating....53
Cocaine in Chancroide....56
Cocaine in Dysmenorrhea....456
Cocaine in Hay Fever....344
Cocaine in Rubeola....330
Cockle-Burr in the Air Passage....23
Cockroach in the Ear....186
Cod Liver Oil Emulsion....415
Cold Baths in Pernicious....179
Collection Problem....210
Collect Promptly....123
Comments and Experiences....60
Common Sense Hydropathy....300
Congenital Recto-Vesical Fistula....215
Convulsions, Cause of....413
Convulsions, Peculiar....457
Corbonate of Lithia for Cystitis....346
Could Anything Have Saved Him?....310
Crowding the Profession....414
Cure for the Bad Effects of Tobacco....357
Curious Cases....121
Death from Burn —Query....458
Death from Gangrene of Umbilicus....128
Death from Tetanus....64
Death in Chilbed, Ellison's Case....20
Death of Dr. Dugas....97
Decolorized Tincture of Iodine....183
Determination of Sex....14
Diabetes Insipidus....186
Diagnosis and Treatment Wanted..149, 192, 180, 416.
Diarrhea....218
Diphtheria..18, 23, 122, 128, 153, 176, 214, 365
Displacement of the Sigmoid Flexure..366
Docile Mania....456
Does the Medicine Break the Glass?....55
Don't Write Pre-criptions....188
Dr. Armstrong's Case....120
Dr. Boyden's Case....309
Dr. Carrahy's Case....214
Drips from a Sponge....227
Dropsy....158
Dysentery....454
Dysentery, Acute....50
Dysentery, Cure for....413
Dysmenorrhea....188
Dyspareunia....453
Dyspareunia and Sterility....86
Dyspepsia....98, 19
Dyspepsia, Diagnosis and Treatment of 339
Dyspeptic Gastralgia....186
Early Viability of Fetus....377
Eclampsia....145, 211, 212
Economical Drugs....98, 149, 218
Eczema....22, 27, 61, 176, 181
Eczema, Chronic....462
Elastic Pressure in Hernia....82
Emrick Case....92
Enuresis....93
Epidemic, A Puzzling and Deadly....448
Epidemics; Their Cause and Treatment 30
Ergot....311, 405
Ergot in Labor....153
Esophagus, Stricture of....28
Essence of Spruce....415
Ether for Hysteria....219
Ether in Reduction of Hernia....146
Ethylate of Sodium for Nevus....65
Explanation Wanted....88
Explosive Pharmacal Compounds....149
Eye in Disease....341
Failing Milk....340
Felt Splints....89, 330
Fetid Feet....419
Fidgets....94
Flexions....64
For the Road....444
For the Road....150, 218
For Pruritis and Lupus....374
Fowler's Solution, for Nervous Condition of Menopause....418
Frequent Micturition....23
Frost Bites....26, 53, 97, 183
Functional Impotence....405
Galactorrhea....21
Gaseous Enemata, Home-made Apparatus....342
Gastro-Intestinal Disorders....144
Gelsemium and Cimicifugas in Eye Diseases....374
Gonorrhea or Urethritis....68, 87
Gonorrheal Affections....121
Granulated Eyelids....186
Gun-shot Wound of the Face....28
Gynecology, A Case in....405
Hay Fever....156, 183
Headache....345
Headache, A Peculiar....454

Page.

Hematemesis..... 90
Hemiplegia from adjustment of a Pessary..... 60
Hemoglobine..... 333
Hemorrhagic Diathesis..... 369
Hemorrhagic Diathesis..... 457
Hemorrhoids..... 57, 128
Herpes Zoster..... 65, 96, 180, 308
Herpes Zoster..... 65
Hour-Glass Contraction..... 458
Hour-Glass Contractions..... 17
Hot Water in Abortions..... 88
Hot Water in Labor..... 301
How to Avoid Mistakes..... 147
How to Remove Tough Accumulations in Throat, etc..... 418
Hydrothorax..... 22
Hydronaphthol..... 89
Hyperidrosis..... 179, 215
Hysteria..... 25, 66
Incipient Phthisis..... 156
Index Rerum..... 54
Indiana Mange..... 81
Indigestion..... 19, 150, 183
Infant Sedative..... 189
Infantile Colic..... 346
Inflammatory Diarrhea..... 328
Inhumanity..... 175
Injury to Spine..... 416
Injury to the Spine.—Reply to Dr. Pineo 446
Impotency..... 420
Inflammation of Joints..... 407
Interesting Case for Diagnosis..... 376
Interesting Case of Traumatic Injury..... 343
Intoxication, Enchantment of..... 452
Irritability of the Bladder..... 61, 119
Is Ergot a Specific for all Obstetric Troubles?..... 150
It..... 122
Itch..... 449
Itch. Cure for..... 346
Items from the Pacific Slope..... 189
Koch's Theory..... 50
Labor Delayed by Cyst..... 52
Lacerated Perineum..... 49, 116
Laceration of Cervix..... 376
Laryngeal Diphtheria..... 26
Laryngismus Stridulus..... 26
Laxative and Stomach Tonic..... 118
Leucorrhea..... 343
Lightning Stroke, Pathology and Treatment..... 342
Lingering Diseases of the Digestive Organs..... 210, 368
Lizards Again..... 383
Locomotor Ataxy..... 25
Lumbago..... 329
Malposition of the Heart..... 311
Mammary Glands, Atrophy of..... 216
Management of the Nipples. 148, 209, 364, 445
Medical Education in Ohio..... 413
Medical Education in Ontario..... 413
Medical Schools..... 412
Medical Students and Medical Professors..... 305, 328
Membranous Croup..... 26
Mercury Bi-Chloride..... 58
Metabolism..... 174
Metritis, Acute..... 416
Microbian Dots..... 24, 95
Milk Leg..... 25, 118
Mistakes..... 89
Monster, A Double Headed..... 448
Morning Exacerbation of Fever..... 371
Morphine Habit..... 186, 334
Morphine in Labor..... 345
My Experience..... 125
My Idea in Obstetrics and Diphtheria..... 190
Nasal Catarrh..... 120, 177, 182, 189
Nasal Polypus..... 118
Nervous Aphonia..... 346
Nervous Irritability..... 419
Neuralgia..... 182, 209, 311
New Elements or Combinations?..... 462
New Prescription Blanks..... 307
New Way of Making Doctors..... 382
Nurse's Sore Throat..... 459
Obstetric Difficulties..... 28
Obstetric Points..... 52, 95, 127, 212, 304
Obstetrical Anomaly..... 410
Obstetrical Experience..... 379
Obstetrical Notes..... 211
Obstetrics, A Country Doctor's Experience in..... 53
One Query, One Recipe..... 214
Opacity of Cornea in a Horse..... 23
Opium Antidote..... 177
Opium Inhalations..... 206, 298, 301

Page.

Opium in Labor..... 191
Opium in Post-Partum Hemorrhage..... 27
Orange Blossom..... 341
Orchitis, Two Cases of..... 381
Ornamenting the Office..... 14
Other Remedies for Consumption..... 367
Otitis..... 26
Palatable Prescribing..... 91
Palmeriana..... 116
Palpitation..... 214
Parasiticide..... 415
Paraplegia from Spinal Injury..... 181
Parotid Abscess..... 27
Parson's Local Anesthetic..... 456
Parturition, A View of..... 408
Pelvic Abscess and Recto—Vesico-Vaginal Fistula..... 157
Perforating Wound of the Abdomen, 339-406
Perforation in Typhoid..... 186
Peritonitis..... 346
Permanganate of Potassium, Administrations of..... 28
Pernio..... 119
Phimosis, Acquired..... 299
Phlegmasia Dolens..... 118, 126, 129
Phthisis..... 128
Phthisis, Observtions on..... 459
Placenta Previa..... 312
Placenta Previa, Case of without Hemorrhage..... 455
Plethora Abdominalis, Dr. Peckham's Case of..... 462
Pneumonia..... 329
Poison-Vine Eruption..... 182
Poliomyelitis..... 118
Post Partum Bandage. Action of..... 329
Post Partum Bandaging..... 63
Post Partum Hemorrhage....17, 93. 147, 343
Powdered Beef..... 383
Powder for Chafing..... 375
Practical Points..... 186
Practice in a New Country..... 447
Prairie Itch..... 190
Precocious Passion..... 380
Premature Birth with Viability..... 183
Prescription Abuse, The..... 155
Prescription Blanks..... 341
Priapism..... 65, 120
Prize List of One Hundred Medicines..299
Prize Winner..... 66
Professional Distinction..... 420
Professional Fees..... 374, 419
Prolapsus Funis Umbilicalis..... 48
Prolapse of Cord..... 176
Prompt Returns..... 422
Pruritus Vulvæ..... 119, 182
Psoriasis..... 418, 419
Puerperal Convulsions..... 93
Puerperal Fever..... 99
Puerperal Septicemia..... 329
Pyopericarditis following Periostitis...187
Queries..... 93, 96
Questions of Priority..... 99
Quinine..... 330
Rattle Snake Bite..... 368
Ready Remedies..... 373
Reason Why..... 61
Reason Why..... 15
Recovery from a Gun Shot Wound in the Abdomen..... 338
Rectal Case, Comments on..... 309
Rectal Polypus..... 123
Reflex Convulsions, Diagnosis Wanted. 19
Reflex Neurosis..... 454
Remedy for Dropsy..... 454
Remedy for Dysentery..... 415
Remedy for Seasickness on Land..... 87
Removal of Cerumen..... 27
Removal of Foreign Bodies from the Nose..... 18, 97
Replacing a Retroverted Uterus..... 25
Reptile in Stomach..... 336
Replies..... 375
Replies to Dr. Higgin's Questions..... 340
Replies to Queries in Nov. World..... 465
Replies to Questions in August WORLD..325
Replies to Questions in September WORLD..... 363
Reply to Dr Ferrin..... 420
Reply to D. U. D..... 421
Report of Dr. Carrahey's Case..... 310
Report of Dr. White's Case..... 417
Renal Calculi..... 152
Retention of Dead Fetus..... 18
Retention of Urine in New-born Infants..... 63
Rheumatism, Acute..... 146
Rhus Tox, for Cancer..... 147

Page.

Rotheln a Distinct Disease? Is..... 457
Salivary Calculi..... 337
Scabies and Tetter..... 415
Scabies, Cure for..... 346
Scalp Wounds..... 24
Sea Sickness..... 81
Sea Sickness on Land..... 21
Septicemia..... 210
Sequelæ of Measles..... 404
Sequel to Dowden's Case..... 21
Shall Druggists Prescribe?..... 55, 117, 125
Sheep Sorrel for Cancer..... 365
Shoulder Presentation..... 191
Sick Headache..... 122, 214
Sick Headache..... 57
"Side Shows"..... 308
Some Good Advice..... 85
Spermatorrhea..... 25
Sprains and Bruises, Hot Water in..... 451
Stammering..... 185
Stomatitis, Chronic..... 64
Strumous Erysipelas..... 215
Strychnia for Dyspepsia..... 298
Study Nature, not Books..... 332
Sudden Increase in Weight..... 20
Summer Complaints..... 307
Summer Diarrhea, Antiseptic Treatment of..... 327
Sunshine..... 128
Supernumerary Glands..... 415
Sweet Milk Objectionable in Fever..... 301
Swelled Testicles..... 370
Synovitis..... 117, 215
Syrup of Ipecac Comp..... 306
Syphilis..... 18
Syphilitic Fissure of the Rectum..... 380
Taking the Temperature..... 14
Tænia Sagenata..... 381
Temperature in Disease..... 206
Terrible Effects of Lacing..... 99
Tertiary Syphilis, Treatment of..... 332
Therapeutic Indications..... 418
Thoroughpin..... 347
Thread Worms..... 158
Thumb Nail, Wound of..... 64
Thymol for Eczema..... 157
Toilet of the Funis..... 14
Tongue, Dr. C. Coleman Benson's Map of the..... 450
Tongue in Diagnosis..... 450
To Sawbones..... 216
Traumatic Injury..... 4?0
Treatment Wanted..... 118, 154
Trigeminal Neuralgia..... 377
True Antidote for Opium..... 122, 177, 365
Tubal Pregnancy..... 371
Typhoid Fever..... 30, 184, 303, 304. 417
Typho-Malaria 50, 49, 55, 83, 85, 92, 97, 125, 129, 184, 301
Typho-Malaria in Canada..... 126
Typho-Malarial Fever..... 338
Typho Malarial Fever..... 189, 303
Typho-Malarial in Oildom..... 18
Tying the Cord..... 91
Ulcers..... 420, 421
Umbilical Hernia..... 409
Uremic Convulsions..... 16
Urethral Caruncle..... 98
Urticaria..... 419, 459
Urine, Ammonical..... 456
Uterine Congestion..... 24
Uterine Hemmorhage..... 186
Uterus, An Extraordinary..... 370
Uterus and Ovaries, Absence of..... 128
Velpeau's Compound, Formula of..... 456
Venom for Dyspepsia..... 208
Veratrum in Eclampsia..... 184
Vomiting at Will..... 380
Was it Diphtheria?..... 217
What Breaks the Glass?..... 63
What Caused the Blindness?..... 330
What is it?..... 215
What was the Cause of the Sudden Death?..... 378
Why I like "THE WORLD."..... 147
Whooping Cough..... 17, 58, 59, 63, 97
Wounds of Knee Joint..... 25

Electro-Therapeutical Department.

A Few Hints Regarding the Handling and Keeping of Batteries..... 220
Assistance Wanted..... 221
Chronic Catarrh treated by Electricity..198
Electric Batteries..... 383
Electricity in General..... 180, 159
Electricity for Weak Eyes..... 424

Page.

Electricity in Post Partum Hemorrhage 319
Electrolysis 160
Electrolysis for Goitre 348
Galvanic Batteries 384
Goitre treated by Electrici y 424, 465
Housemaid's Knee Cured by Electrolysis 193
Hypertrichosis, or Unnatural Growth of the Hair 224
Instruments for Measuring the Electrical Current 192, 220 347, 383 422
Intestinal Obstructions Relieved by Faradization 221
Introduction 129
Keeping Batteries in Order 139
Mistake Corrected 193
Neuralgia treated by Electricity 160
Questions 386
Selection and Care of Galvanic and Fardiac Batteries for Medical Use 463
Synovitis 221
The Faradic Battery or Induction Apparatus 422

Patent Medicines.

Athlophorous 224
Ayer's Ague Cure 429
Boschee's German Syrup 101
Cambell's Arsenic Complexion Wafers 196
Compound Oxygen 131
Dr. Green's Dropsy Pills 131
Eau de Laville 33
Ely's Cream Balm 66, 429
Excelsior Corn Cure 428
Green's August Flower 101
Hager's Catarrh Remedy 165
Haller's Acid Elixir 69
Ham's Oil of Gladness 429
Hamlin's Wizard Oil 430
Kendall's Spavin Cure 100
King's New Discovery 131
M. I. S. T. 351
Moxie Nerve Food 429
Orange Flower 101
Palmer's Cough Balsam 68
Pierce's Golden Medical Discovery 195
Pierce's Favorite Prescription 195
Piso's Cure for Consumption 131
Radcliff's Great Remedy—Seven Seals or Golden Wonder 428
Sage's Catarrh Remedy 32, 131
Shiloh's Consumption Cure 222
Stoughton Bitters 162
S. S. S. 429
T. A. Edison's Anesthetic 70
Thompson's Eye Water 429
Trask's Magnetic Ointment 131
Warburg's Tincture 132
Warner's Safe Kidney Cure 222, 429
Wolcott's Pain Paint 32

Quiz and Formulas.

A Black Eye 133
Acute Bronchitis 69
Acute Coryza 351
Acute Rheumatism 101
Administration of Phosphorus 468
A General Cough Syrup 135
A Laxative Pill 101
All Healing Ointment 427
Amenorrhea 315
Amenorrhea and Dysmenorrhea with Scanty Menstruation 101
Anasarca 164
Antiseptic Powder 351
Apomorphine as an Expectorant 468
Asthma 134
Atmosphere Purifier 468
Atonic Dyspepsia 134
Balanitis: Treatment Wanted 84
Baldness 226
Barnes' Frost Balsam 70
Beef, Wine and Iron 222
Bergeon's Method 163
Boils 466
Bronchitis 102, 135
Bronchitis (third stage) 102
Bronchorrhea 85, 69
Bunions 224
Catarrhal Conjunctivitis 196
Catarrh in Children 351
Catarrhal Pneumonia following Measles 101
Cazeaux's Nipple Ointment 222
Cholagogue Pill 226
Cholera Infantum 351
Cholera Morbus 389
Chorea 351
Chronic Bronchitis 85, 164
Chronic Malaria 351
Cigarettes for Asthma 164
Clergyman's Sore Throat 195
Colds, Treatment of 468
Colliquative Sweating 101
Compound Syrup of White Pine 223
Consumption 351
Corn Salve 427
Cough Medicine 427
Cough Mixture 389
Cough of Phthisis 101
Cough Syrup, without Opium 196
Cure for Neuralgia 226
Cystitis 226
Delirium Tremens 196
Dental Neuralgia and Headache of Pregnancy 69
Deodorized Iodoform 134
Diabetes Mellitus 351
Diphtheria 467
"Doctresses" 132
Dressing for Wounds 35
Dropsy 467
Dr. Rorick's Formula for Injecting Hemorrhoids 35
Dr. Scrugg's Case of Eczema 164
Dysentery 196
Dyspepsia 313
Ear ache 134
Eczema 35, 388
Eczema, Paste for 164
Egyptian Eye Salve 467
Elixir Iodo-brom. Calc 467
Elixir of Pepsin, Damiana, Phosphorus and Nux Vomica 225
Elixir Thion Comp 195
Emollient Glycerine Lotion 69
Enema for Dysmenorrhea 196
Enlarged Glands 164
Epilepsy 164
Epilepsy, with the Convulsions following Seminal Emissions 197
Errata 427
Escharotic 69
Eucalyptol 69
Explosive Drugs 131
Fagge's Practice 223
Falling Hair and Dandruff 165
Felt Splints 85
Fever following Bronchial Hemorrhage 101
Fever Mixtures 315
Fidgets 196
Gastric Ulcer 197
Glycerine Lotion 84
Glycerin Jelly 69
Gonorrhea 85, 427
Good Samaritan Cough Syrup 70
Gull's Cough Mixture 70
Hair Tonic 389
Hall's Solution of Strychnine 222
Harlem Oil 133, 196
Hay Fever, Treatment Wanted 132
Heart Tonic and Stimulant 134
Heart Tonic in Pneumonia 134
Hemorrhagic Diathesis 313
Hemorrhoids 351
Herpes 135, 162
Herpes Zoster 388
Hostetter's Bitters 4 9
Hydronaphthol 66
Hypodermatic Medication in Severe Uterine Hemorrhage 69
Impetigo 196
Impotence, For Functional 467
Incontinence of Urine 101
Infantile Eclampsia 389
Infant's Colic 165, 197, 389
Inflammable Breath 35
Injecting Hemorrhoids 32
Iron and Salicylic Acid 388
Itching Piles 134
Johnson's Medical Botany 224
Kansas Pharmacy Law 194
Keating's Cough Lozenges 70
Kidder's Asthmatic and Fumigating Pastilles 70
Lallemand's Specific 226
Langell's Asthma Remedy 70
Laxative and Tonic Wine 428
Leucorrhea 226
Liniment for Man and Beast 429
Liniment, Good Samaritan 467
Lithuria 42
Local Dressing for Small-pox 135
Locock's Pulmonic Wafers 70
Lumbago 389
Malignant Pustule 135
Meibom's Pectoral Balsam 70
Meniere's Disease 426
Migraine 224
Milk-Sick 350
Nasal Catarrh 69
Nerve Tonic in Opium Cases 196
Nephritic Colic 226
Neuralgia Salve 427
One of Germain See's 165
Ovarian Dysmenorrhea 197
Oysters after Labor 194
Palmer's Cough Balsam 68
Parson's Local Anesthetic 428
Perforation in Typhoid 133
Petroleum Jelly 35
Pettit's Eye Salve 222
Phlegmasia Dolens 67
Pityriasis Versicolor 351
Prairie Itch 134
Priapism in an Infant 425
Prickly Heat 225
Pruritis Ani 197, 351
Psoriasis 389
Puerperal Diarrhea 351
Putrid Diarrhea 351
Query 223
Queries 225, 350
Quinsy 135
Reopening of an old Wound 163
Rheumatic Remedy 69
Rheumatism 388, 428
Rheumatism, Subacute 197
Santonine Poisoning 313
Scanty Urination 351
Sciatica 161, 386
Seborrhea Sicca 161
Sexual Exhaustion 428
Sick Headache 164
Sirop Anti-Blennorragique 135
Skinner's Dandruff Mixture 226
Solution for Injecting Pulmonary Cavities 69
Solution of Protoxide of Iron 32
Solution of Terpine 134
Spermatorrhea 314
Spinal Anemia 389
Sprains 102
Strumous Erysipelas 132
Styes 388
Summer Complaint 226
Summer Diarrhea 226
Syphilis 85, 425
Syphilitic Ulcers 226
Thermic Fevers 389
Thompson's Solution of Phosphorus 69
Throat, Peculiar Disease 466
To Dr. Browne 164
To Give Paraldehyde 134
To Make Fluid Extracts 225
Tonic 388, 428
Tonsilitis 162
Toothache 165
Torpid Liver 70
Tracheo-Bronchitis 134
Treatment for Bright's Disease 35
Treatment for Catarrh 35
Treatment of Diphtheria 35
Treatment of Typhoid Fever 33
Tubercular Laryngitis 162
Tumor of the Cord 68
Ulcers 134
Uricemia and Gout 134
Uticaria 164, 165
Vaginitis 226
Vinegar of Digitalis 69
Vomiting of Cholera Infantum 226
Vomiting of Phthisis 196
Was He Dead? 425
Wash for the Mouth and Teeth 226
White Pine Expectorant 467
Whooping Cough 69, 134, 427
Works on Rectal Diseases 223
Works on the Eye 223
Yawning 33

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google